

Utah's Division of Child and Family Services

Western Region Report

Qualitative Case Review Findings

Review Conducted

April 20-23, 2009

A Report by

The Office of Services Review, Department of Human Services

Table of Contents

I. Introduction	2
II. System Strengths.....	3
III. Stakeholder Observations.....	5
IV. Child and Family Status, System Performance, Analysis, and Trends	12
V. Practice Improvement Opportunities	39
VI. Analysis of the Data	42
VII. Summary and Recommendations	48
VIII. Appendix	50

I. Introduction

The Western Region Qualitative Case Review for FY 2009 was held the week of April 20-23, 2009. Reviewers were selected from the Office of Services Review, the Division of Child and Family Services, community partners and other interested parties. Reviewers included four out-of-state individuals from Philadelphia including three representatives from Philadelphia's Division of Child and Family Services and one administrator from Philadelphia's Department of Human Services. In-state review partners included two members of the Region's Quality Improvement Committee (QIC), a former Foster Care Citizen Review member, and individuals from Fostering Healthy Children, the Casey Foundation, Utah Youth Village, 4th District Court, and the Division of Juvenile Justice Services.

There were 24 cases randomly selected for the Western Region review. The case sample included 18 foster care cases and six home-based cases. Five offices in the Region had cases selected as part of the random sample. A certified lead reviewer and shadow reviewer were assigned to each case. Information was obtained through in-depth interviews with the child (if old enough to participate), his or her parents or other guardians, foster parents (if child was placed in foster care), caseworker, teacher, therapist, other service providers, and others having a significant role in the child's life. Additionally, the child's file, including prior CPS investigations and other available records, was reviewed.

II. System Strengths

During the Qualitative Case Review process, many strengths were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three strengths on their case that had a positive impact. The list below is a summarized list of strengths identified by the reviewers. This is not an exhaustive list of all the strengths mentioned during the review process.

Teaming

In cases where teaming was a strength:

- A Child and Family Team was organized soon after a petition was filed and ongoing services through DCFS were initiated. Key participants were identified early on and all members were encouraged to participate in the development of services. The mother attributes the success she has achieved to the effectiveness of the teaming process.
- All members of the team reported a great deal of satisfaction with the level of coordination involved in the case. All members reported that they had the information they needed to do the things they needed to do to fulfill their responsibilities.
- Team members were actively engaged in the teaming process. Team meetings were frequently held and the family was at the center of the process. The team was flexible in that they were willing to meet whenever the situation demanded it. The parents felt like they were in control and could call for a team meeting whenever needed.
- The members of the team, including the child, described the teaming process as a very open and collaborative process where input was consistently sought. The family felt the team listened and included their input in the planning process.
- Both parents had been active participants in case planning and decision-making. They felt they had a voice in decision-making. For example, the mother was able to select her own substance abuse provider. The team had recommended another provider but the mother preferred a different program (an equally intensive program) so that substitution was made.
- The caseworker empowered all members of a very large team to call a team meeting whenever they had a need.
- The caseworker did a great job of teaming and coordinating with all team members. Team members felt like a real family.
- The caseworker had done a good job of searching out and including extended family members. This helped produce a variety of supports for the child.

Assessment

In cases where assessment was a strength:

- The caseworker and team had a very good understanding of the big picture. Team members had used the mental health assessments, school assessments and team member input to identify the needs of the child, her strengths and the services needed for her to be successful.

- The school had not discovered the child's educational disability. The caseworker noticed the need and got the appropriate testing completed. This resulted in the child gaining access to the appropriate educational services.
- The assessment included a lot of valuable information regarding the history of the child. Having that information helped with case planning.

Planning

In cases where planning was a strength:

- The case had a well-detailed, implicit plan that the team was diligently working toward. The team knew the implicit plan and was implementing it in a way that made the mother feel successful.
- The child and family plan supported the underlying needs of the family. The plan included services that addressed the needs and risks that brought the family to the attention of the Division. The child and family plan was flexible enough to consider and implement services the parents had requested in order to complete their money management goals.
- The plan was very specific about the drug treatment of the mother and what services she needed. The mother was involved in drug court and the plan addresses all of the issues that will assist the mother with being drug free.

Tracking and Adapting

In cases where the tracking and adapting was a strength:

- The child's progress in her placement and family home was tracked through therapy, monthly visitation, assessment by the caseworker, and communication by team members. The caregivers assessed the child's behaviors and what rules and boundaries worked in both homes. Changes were made to the plan to address the changes in the situation of the child and her parent.
- The services provided to the family were responsive to the changing situations. The adaptations helped the parent sustain their momentum and progress.

Services and Supports

In cases where services were a strength:

- The adoptive parents were kept involved throughout the case even though the children would not be returning to the adoptive family. This helped maintain an important relationship for the children and enhanced their sense of stability.
- The worker and team developed some good informal supports for the father that helped him be successful. Supports included family members who were able to help with childcare and translation.
- The caseworker was able to locate a good foster home that was willing to accept five siblings which allowed the siblings to remain together. The family is planning on adopting all five children.
- The structured foster home was impressive. The foster parents were very dedicated and committed to the children who are considered difficult children.

III. Stakeholder Observations

The results of the QCR should be considered within a broader context of local or regional interaction with community partners. The Office of Service Review staff supporting the qualitative reviews interview key community stakeholders such as birth families, youth, foster parents, providers, representatives from the legal community, other community agencies, and DCFS staff. This year the Qualitative Case Reviews in the Western Region were supported by a total of 14 interviews. There were nine focus groups: DCFS Caseworkers, DCFS Supervisors, Region Administration Team, Senior Assistant Caseworkers, Assistant Attorneys General, Wasatch Mental Health, County Substance Abuse, Drug Court Participants, and the Greenhouse Center for Growth and Learning. There were also five individual interviews with the Nebo School District, Guardian ad Litem, Juvenile Court Judge, Family Support Center, and the DCFS Western Region Director.

The information from the stakeholder observations has been organized around broad topics discussed during the focus groups and interviews. Obviously, not everyone commented nor agreed on all topics. Where there appeared to be some consensus, the comments are noted:

Staff

- The Region has dedicated staff. There is less staff turnover. This has become even more important with the budget crunch. Many workers are willing to take on extra responsibilities in working for the best interest of families. The caliber of workers is really high. Staff have been really good at being creative and finding ways to make things work to serve families.
- Caseworkers feel supported by supervisors and administration. Supervisors are familiar with their workers' cases and they are able and willing to provide back up as needed.
- Western Region has good camaraderie among the employees. The workers describe an atmosphere of support for each other. New supervisors indicate they are able to go to any other supervisor for questions or mentoring.
- The Region has a strong administrative team. There is very creative work being done. The administrative team is always working to enhance the services provided to families.
- Many community partners report that DCFS does an admirable job in the work they do with children and families. DCFS has a difficult job. They do well with what limited resources they have.
- Some community partners identify turnover of DCFS workers as a problem. There is a significant learning curve for new workers to become proficient with the allied agencies' programs and processes. Worker turnover is also difficult for clients. Clients prefer consistency and believe that starting over with a new worker can make it take longer to reach their case goals.

Services

- DCFS has partnered with other community partners such as the local university and the local mental health agency on a new, evidence-based parenting program called

“Strengthening Families.” Parents, judges and community partners have been very pleased with the program.

- Many partners perceive the Region does very well meeting the needs of children and families. The funding and other resources are used well.
- There is a growing Hispanic population within the Region. There is now a Spanish intake line. There are nine certified Spanish-speaking caseworkers in the Region. There is a Spanish outreach community program. The Region has sponsored Hispanic events such as having speakers from the local university come in and present on parent roles.
- Regional staff are constantly looking at ways to screen children who are in out of home care. The Region set up quarterly staffings for all children in high cost placements. Workers come to the staffings to review goals and determine how quickly they can appropriately transition children to a lower level of care.
- The demographics of children coming into foster care continues to change. There are more delinquency and truancy cases that are being ordered into care. There are approximately 50 youth in care for delinquency rather than abuse or neglect issues. These cases can be difficult to manage and consume a lot of resources. There are many more delinquent girls coming into the system now than ever before.
- Workers are often frustrated by the amount of required paperwork. There is not enough time to be a social worker and spend as much time as needed with the families because of all the paperwork requirements. The child and family plan is a long, complex document. The child and family assessment is time consuming. Workers believe there is a lot of redundancy in all the paperwork.
- The Region’s court district has four judges that cover several counties. In an effort to equalize the judges’ caseloads, new cases are distributed to each judge on a rotating basis. The case rotation process can be problematic for families because they will often be assigned a judge and courthouse far from their residence. Many legal partners are trying to work out a way to assign cases geographically instead of rotating.
- Some offices in the Region are struggling with high caseloads. High caseloads make it more difficult for workers to provide the level of service they would like to. The cases also seem to be getting harder, particularly cases involving mental illness and drug use. What used to be a difficult case in the past is now the norm. Some supervisors have to carry cases to help absorb the load.
- There is a better transfer of cases between CPS and ongoing services. CPS works hard to quickly get cases sent over to permanency workers. When there is a problem it goes to the supervisor to get resolved. Having the permanency worker on board early really helps the worker understand the case and get a good handle on the situation.
- There is a need for more community resources and treatment programs for youth sex offenders. There is no emergency shelter that will accept sex offenders awaiting placement in a treatment program. This is especially problematic for young offenders ranging between 8 and 12 years old. This is a problem that is growing while the resources are diminishing.

Communication

- There is good communication between the Region and other agencies. Region administration promotes two-way communication between agencies when staffing cases.

Community partners such as mental health, substance abuse, school districts, Guardian ad Litem, and Juvenile Justice Services report improved communication with the Division. There are personal relationships outside of interagency meetings. There are no turf issues. People work together well to provide services and be creative in their interventions.

- DCFS is very open to feedback from community partners.
- Communication between DCFS and the local school district is getting much better. When there is a tough situation, agencies coordinate to identify what options and services are available to wrap around the student. Staffings are held to problem solve before going to the judge. Regional administration has been responsive to the school's needs.
- DCFS, Juvenile Justice Services, substance abuse and mental health share their trainings with the other agencies.
- DCFS doesn't always have all the information regarding children coming into care that are transferring into the local district schools. Sometimes severe behavior problems are unknown. The workers need to ask those questions. One of the biggest challenges is students coming in that have sexual abuse issues. The more information the school has, the more appropriate the student's school placement will be. More information also helps the school be better equipped to help the student.
- There are some caseworkers that do not inform the Guardian ad Litem of what is happening. There have been examples of the workers not informing the GAL timely of significant events such as a client attempting suicide, a client being hospitalized, and a child being on the run. The GAL does not want to wait until court to be notified or updated. Red flag events need to be shared immediately.
- Several contracted providers indicated they would love to have a meeting once or twice a year with DCFS to discuss issues and address questions. One provider indicated that when they do have a problem, they are hesitant to contact supervisors out of concern that it may negatively impact their working relationship with DCFS workers that make referrals to their program. It would be good to know what DCFS policies have changed and what services can be offered.
- When workers have an idea or suggestion for improving practice, they notify their supervisor who then passes it along in the management meetings. From there, they are not sure if anything happens with their ideas.

Collaboration

- There are DCFS representatives on several community boards. There are collaborative efforts with other agencies in the communities. Relationships and trust are built while serving on the same committee.
- The county mental health agency has satellite offices in some of the DCFS buildings. This has really helped with staffing cases, quick problem solving, and pulling together CPS and mental health workers. It started with DCFS asking, "We have a space, would you like to put a therapist there?" Clients can access DCFS and mental health services in the same building. The partnerships have really improved the care children and families receive.

- DCFS has done a great job collaborating with other agencies, courts, and communities. The attitude of the caseworkers is a “can do” attitude that comes from administration. This promotes better outcomes for families and children.
- There has been good collaboration between the agencies in the Region. Focus meetings between DCFS and mental health were used to enhance their relationship. The agencies did not come together to bash each other, but to problem solve. The team is comprised of manager level staff as well as front line workers and supervisors. The collaboration has been really great. There is now one contact person identified in each organization if there is a problem. They learned not to let things fester, but to resolve issues early on.
- There continue to be opportunities for collaboration between the various agencies through multi agency staffings. Participants include mental health, probation, JJS, DCFS, GAL, AG, and the Children’s Justice Center. Any agency can bring a case that they are having difficulty with and the different agencies can offer services or advice. Everyone has different skills to bring to the table. This is multi-dimensional problem solving. Collaborating also helps each agency understand the others’ roles and services.
- The Drug Court has been a great program as a result of intensive collaboration between DCFS, county substance abuse, AAG, GAL, court and the participants. The program can help change the lifestyle of the participants. Drug court participants succeed more often than regular drug cases. Drug court cases move faster and the need for termination of parental rights is reduced by a third. The cases are shorter in length and have a longer success prognosis. The children do not need to be out of the home and there is a lot of work to maintain relationships between the parents and children. One participant represented the sentiments of many of the participants when she said, “This has given me my life back and shown me how capable I am as a mother in recovery. I got myself back and my life back.” The county substance abuse program determines how many cases they accept. The county has dropped the money allotted for therapy, which is a part of the drug court program. This results in the program being able to accept fewer clients.

Working Relationships

- DCFS maintains a good working relationship with their legal partners. DCFS and the AAG share a mutual respect for each other’s roles. There are individual conflicts sometimes, but they get resolved. DCFS’s working relationship with the GAL’s in the Western Region is one of the best collaborative relationships. The most helpful thing that DCFS does that assists the GAL’s in their role is the collaboration and information sharing between the two agencies.
- DCFS enjoys a better working relationship with the local school district. There is now a DCFS liaison with the school district. Caseworkers used to move children without notifying the school. The school now is notified and the caseworkers have a list of what is needed to make the change. This issue has greatly improved.
- The local mental health agency has many opportunities to report allegations of abuse which were reported during therapy sessions. There is a good working relationship with CPS which helps with sharing information. They each help share advice on how to handle situations and there is good problem solving.
- There is a good working relationship with law enforcement, particularly with the sex abuse team. This is crucial in working with the communities.

Family Team Meetings

- The Region training team has been including community partners in their presentations. Juvenile Justice Services recently participated in a training on Child and Family Team meetings (CFTM) presented by DCFS. County substance abuse is also starting to have a CFTM when they do their treatment plans.
- From the legal partners' perspective, having regular family team meetings is one of the best things about the way DCFS does business.
- Workers have been willing to bring family team meetings to mental health's facility and use the hour scheduled for the child's therapy session to do the team meeting which helps the therapists to fully participate.
- Some workers are getting public defenders to the family team meetings. They have discovered that they can disagree and it is okay. It does not have to hurt their working relationship.
- Teaming has been great in that it assists the families with finding natural supports. The involvement of the family team really empowers the child and the family.
- Many providers report being invited and included in family team meetings and professional staffings. Other agencies see the value of teaming. They are involving parents more in their services.
- Judges have become strong advocates of the teaming process. Legal partners such as the AAG and GAL are invited to family team meetings. The attorneys often have years of experience and can offer insight based on their extensive experience. If there is a request or concern, the team is receptive to their input. The parents and DCFS want the attorneys' input to help validate the team decisions. For the legal partners, the sooner they receive advance notice of a team meeting, the better. It is difficult for them to be able to adjust their schedules with short notice.

Budget

- The budget has been the focus of everything recently. The Region is trying to keep their heads above water. Major problems could result with the extent of the cuts to Human Services. There will be a crisis for the agency if foster parents drop off and caseloads increase.
- The Region has had to let workers go and this is creating stress for the probationary workers as well as everyone else. The insurance costs are going up for the workers which will be like taking a cut in pay in July. This is hard on morale.
- The Region has moved the Peer Parent Coordinator position in-house. DCFS staff are now responsible for the training, scheduling, and monitoring of peer parent services. The program is now much more connected. This is a positive thing that has come from the budget cuts.
- Supervisors are stressed. They are worried that they are going to lose staff and they have a caseload themselves. There are more cases with reduced resources. Supervisors need to be an advocate for the workers, but they are spread too thin.

- There are some things judges ask for and are told that there is not the money for it, but usually the workers are able to find ways to meet the needs. During these tough financial times, DCFS has worked really well to problem solve and find resources.
- DCFS pulled their worker from the school program due to finances. This was a good connection between CPS and the school when addressing abuse and truancy issues.
- The judges are aware of the Division's budget challenges. They are looking at ways to help save money. Occasionally, judges will order things like psychological evaluations or sex abuse assessments. Once it has been ordered, the Division is usually required to pay and the team cannot look for other ways to meet the need.
- Budget restrictions have caused some plans to change. DCFS and the school district were hoping to share a social worker that would be funded by the school and DCFS, but this was cut from the budget. There is a need for more social workers in the schools. There are many issues that the school counselors would like help with.
- Some service providers report seeing fewer referrals over the last eight months due to budget issues. One agency that used to receive about three new referrals a week from DCFS is now seeing only two or three a month. To try to adapt, the provider is looking for grants or a sliding scale fee system.
- The growth of the community is not being funded. There are 150,000 people who moved into this Region in the past eight years. Every year the Region starts with a deficit. They would like the money allotted based on growth. The population in the area is growing and the resources are not expanding to meet the increasing needs. Foster care increased over 100 cases in the past year in the Region.
- A new committee was created last September to help manage the Region's resources. The Placement Decision and Review Committee (PDR) is monitoring the high cost placements very closely. Caseworkers and supervisors must now submit their requests for one-time payments to the PDR committee. The committee explores other possible funding sources or resources outside the Division. There is more systematic focus on monitoring the treatment of children in higher cost placements and stepping them down as soon as possible when it is safe for the child and community. Some workers are not requesting money when money is needed because they do not want to go through the Region's budget committee to get approval.
- The Region is using some of their own clinical staff to provide therapy and do some mental health assessments. In-house clinical staff are able to assist with five-day notices that require quick assessments. This has helped save money and allow clinical staff to use their expertise.

Four Day Work Week

- For the majority of caseworkers, the four ten-hour days are working well. There is some flexibility with work schedules. The supervisors are in control of their team's schedules. Some workers struggle with the compressed work week. The compressed work week seems most challenging for parents with young children.
- Some service providers are working a four day work week. At one mental health center, most of their therapists work ten-hour days. This helps them meet the needs of their workers and clients.

- Courts are open on Fridays. The AAG's make sure caseworkers attend hearings on Fridays.
- Family team meetings held in the late afternoon or early evening are often difficult for the Guardian ad Litem to attend because that is after their regular work hours. Caseworkers are willing to hold a family team meeting on Friday if needed.
- One mental health agency indicated they do not like the DCFS four day work week. Friday is often a day with many crises and things do not get handled until Monday. Coordination is difficult on cases that need attention on Fridays.
- CPS continues to work on Fridays. The intake team rotates working five eight-hour days to ensure coverage. The calls on Friday have dropped significantly.
- The Division's change to a four day work week has not been problematic for their legal partners. Some AAG's have switched to the four day work week and others continue to work five days a week. There has not been a problem getting a worker to court on a Friday when needed.
- One local school district reports that the compressed work week is not much of a concern. The district can usually reach a supervisor if there is a big problem. Caseworkers are generally not available on Fridays.

IV. Child and Family Status, System Performance, Analysis, and Trends

The QCR findings are presented in graphic form to help quantify the observations of the qualitative assessment. Graphs show a comparison of scores for past years' reviews with the current review. The graphs of the two broad domains of Child and Family Status and System Performance show the percent of cases in which the key indicators were judged to be "acceptable." A six-point rating scale is used to determine whether or not an indicator is judged to be acceptable. Reviewers scored each of the cases reviewed using these rating scales. The range of ratings is as follows:

- 1: Completely Unacceptable
- 2: Substantially Unacceptable
- 3: Partially Unacceptable
- 4: Minimally Acceptable
- 5: Substantially Acceptable
- 6: Optimal Status/Performance

Child and Family Status and System Performance are evaluated using 21 key indicators. Graphs presenting the overall, summative scores for each domain are presented below. They are followed by graphs showing the distribution of scores for each indicator within each of the two domains. Later in this section brief comments regarding progress and examples from specific cases are provided.

Child and Family Status Indicators

Overall Status

Western Child Status									
	# of cases (+)	# of cases (-)		FY05	FY06	FY07	FY08	FY09 Current Scores	Trends
			Exit Criteria 85% on overall score						
Safety	20	4	83.3%	88%	92%	96%	91%	83%	
Stability	15	9	62.5%	86%	75%	79%	65%	63%	
Approp. of Placement	21	3	87.5%	100%	92%	100%	87%	88%	
Prospect for Permanence	13	11	54.2%	73%	58%	83%	61%	54%	
Health/Physical Well-being	23	1	95.8%	100%	100%	100%	100%	96%	
Emot./Behavioral Well-being	21	2	91.3%	86%	92%	92%	87%	91%	
Learning Progress	20	4	83.3%	77%	92%	79%	83%	83%	
Caregiver Functioning	17	1	94.4%	92%	84%	100%	100%	94%	
Family Resourcefulness	10	5	66.7%	85%	58%	71%	54%	67%	
Satisfaction	20	3	87.0%	95%	88%	88%	96%	87%	
Overall Score	20	4	83.3%	88%	92%	96%	87%	83%	Decreased and below standard
0% 20% 40% 60% 80% 100%									
%									

Safety

Summative Questions: Is the child safe from manageable risks of harm (caused by others or by the child) in his/her daily living, learning, working and recreational environments? Are others in the child's daily environments safe from the child? Is the child free from unreasonable intimidation and fears at home and school?

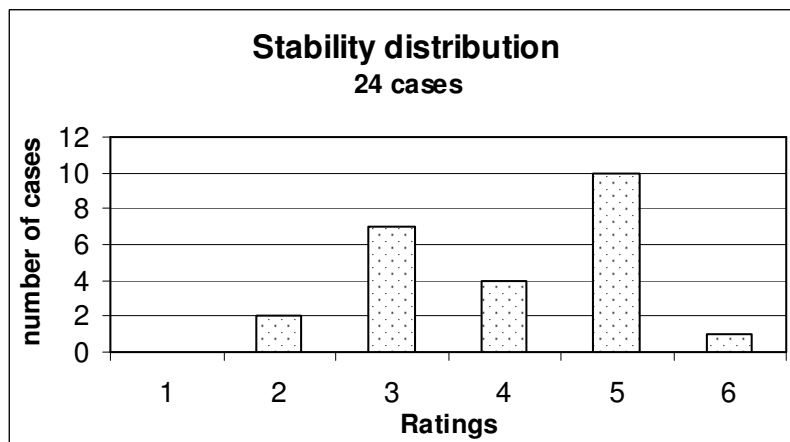
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 91%. There were four cases that received an unacceptable score on safety.



Stability

Summative Questions: Are the child's daily living and learning arrangements stable and free from risk of disruption? If not, are appropriate services being provided to achieve stability and reduce the probability of disruption?

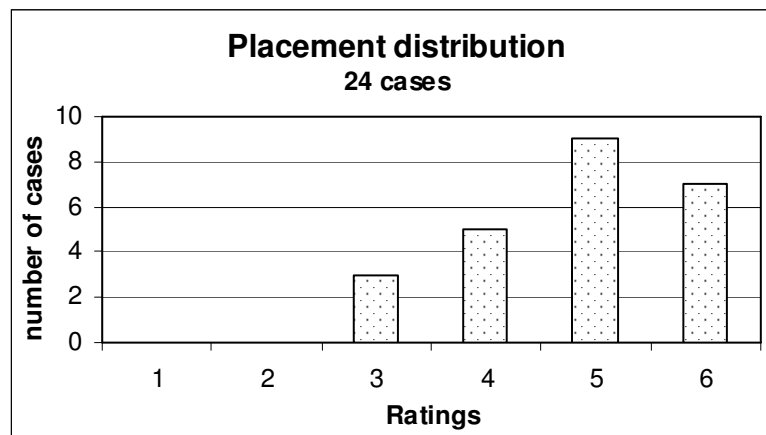
Findings: 63% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 65%.



Appropriateness of Placement

Summative Questions: Is the child in the most appropriate placement consistent with the child's needs, age, abilities and peer group and consistent with the child's language and culture?

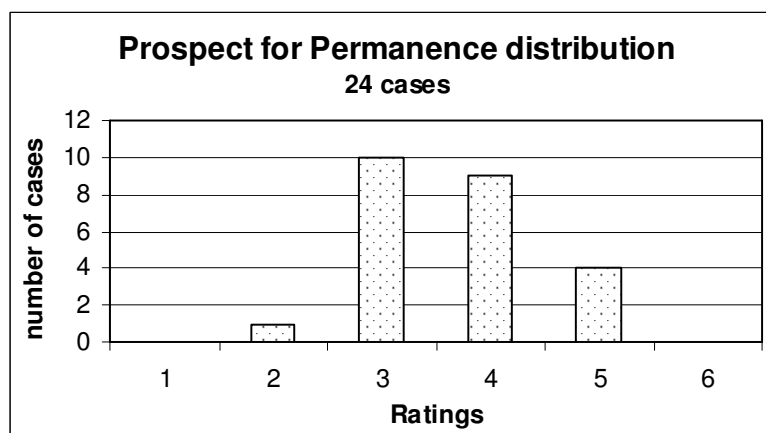
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is a slight increase from 87% last year.



Prospects for Permanence

Summative Questions: Is the child living in a home that the child, caregivers, and other stakeholders believe will endure until the child becomes independent? If not, is a permanency plan presently being implemented on a timely basis that will ensure that the child will live in enduring relationships that provide a sense of family, stability, and belonging?

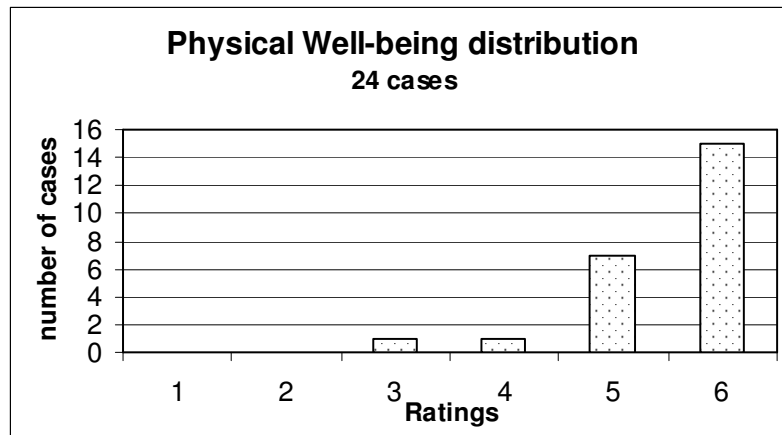
Findings: 54% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 61%.



Health/Physical Well-Being

Summative Questions: Is the child in good health? Are the child's basic physical needs being met? Does the child have health care services, as needed?

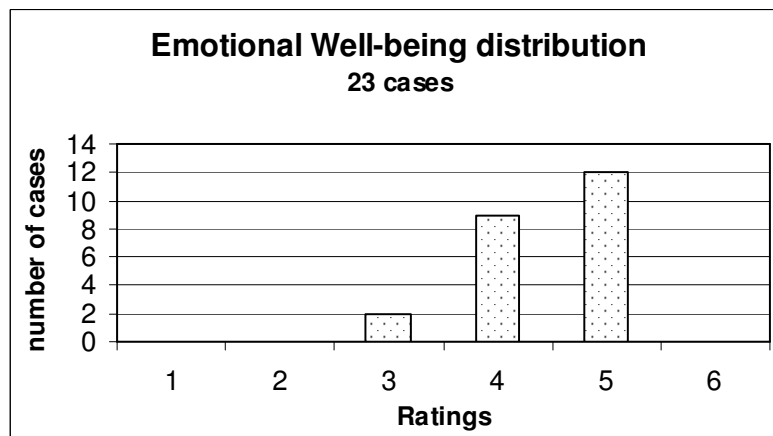
Findings: 96% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Emotional/Behavioral Well-Being

Summative Questions: Is the child doing well emotionally and behaviorally? If not, is the child making reasonable progress toward stable and adequate functioning, emotionally and behaviorally, at home and school?

Findings: 91% of cases reviewed were within the acceptable range (4-6). This is an increase from last year's score of 87%.

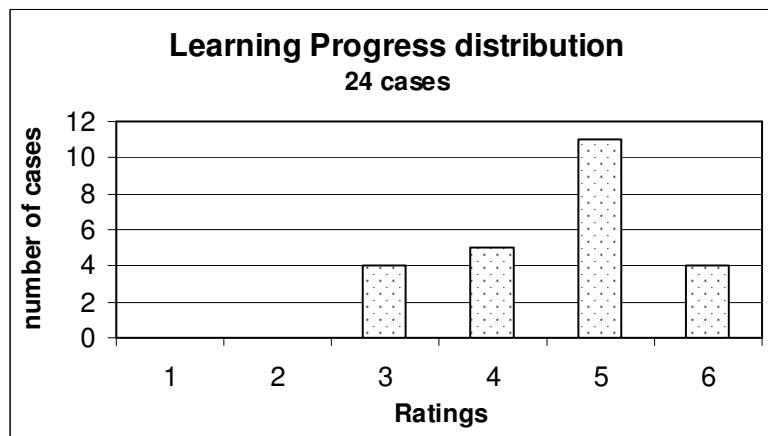


Learning Progress

Summative Question: (For children age five and older.) Is the child learning, progressing and gaining essential functional capabilities at a rate commensurate with his/her age and ability?

Note: There is a supplementary scale used with children under the age of five that puts greater emphasis on developmental progress. Scores from the two scales are combined for this report.

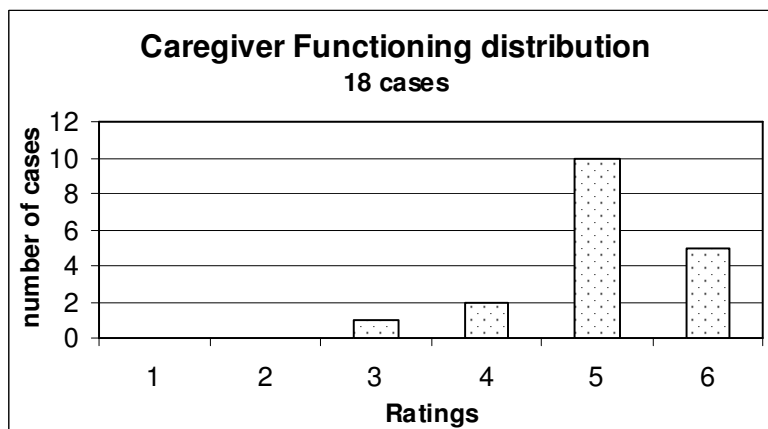
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is the same percentage as last year.



Caregiver Functioning

Summative Questions: Are the substitute caregivers with whom the child is currently residing willing and able to provide the child with the assistance, supervision, and support necessary for daily living? If added supports are required in the home to meet the needs of the child and assist the caregiver, are these supports meeting the need?

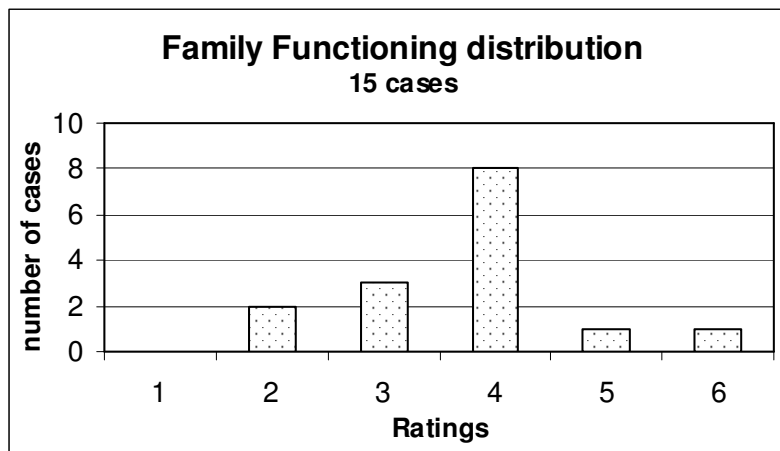
Findings: 94% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Family Functioning and Resourcefulness

Summative Questions: Does the family with whom the child is currently residing or has a goal of reunification have the capacity to take charge of its issues and situation, enabling them to live together safely and function successfully? Do family members take advantage of opportunities to develop and/or expand a reliable network of social and safety supports to help sustain family functioning and well-being? Is the family willing and able to provide the child with assistance, supervision, and support necessary for daily living?

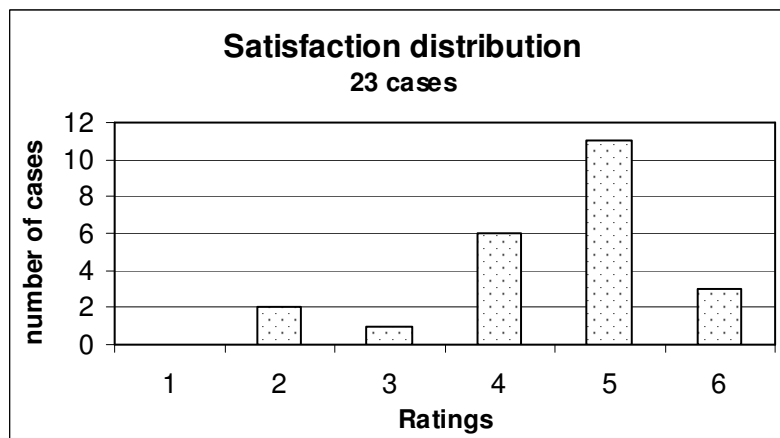
Findings: 67% of the cases that were scored on this indicator were within the acceptable range (4-6). This is an increase from last year's score of 54%.



Satisfaction

Summative Question: Are the child, parent/guardian, and substitute caregiver satisfied with the supports and services they are receiving?

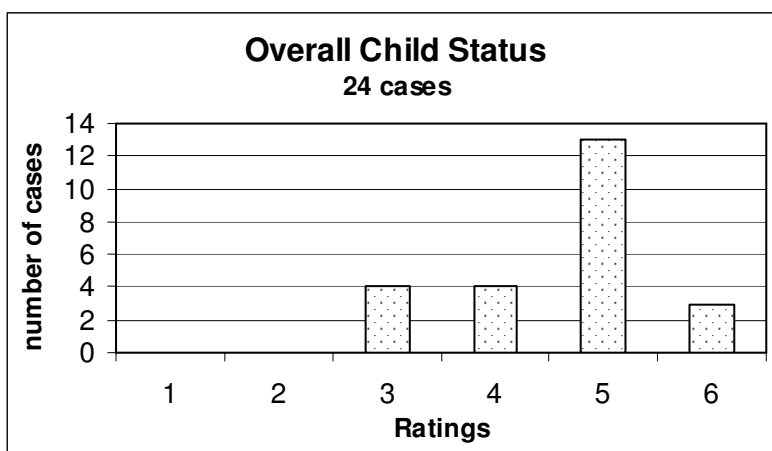
Findings: 87% of cases reviewed were within the acceptable range (4-6). This is a decrease from 96% last year.



Overall Child and Family Status







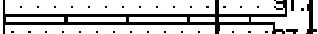

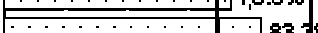
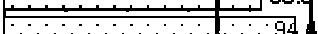


Summative Questions: Based on the Qualitative Case Review findings determined for the Child and Family Status Exams 1-11, how well are this child and family presently doing? A special scoring procedure is used to determine Overall Child and Family Status using the 6-point rating scale. A special condition affects the rating of Overall Child and Family status in every case: The Safety indicator always acts as a “trump” so that the Overall Child and Family status rating cannot be acceptable unless the Safety indicator is also acceptable.

Findings: 83% of cases reviewed were within the acceptable range (4-6). The overall Child and Family Status score decreased from last year’s score of 87%. There were four cases that rated as unacceptable on overall child status. The cases rated as unacceptable child status due to unacceptable scores on safety.



System Performance Indicators

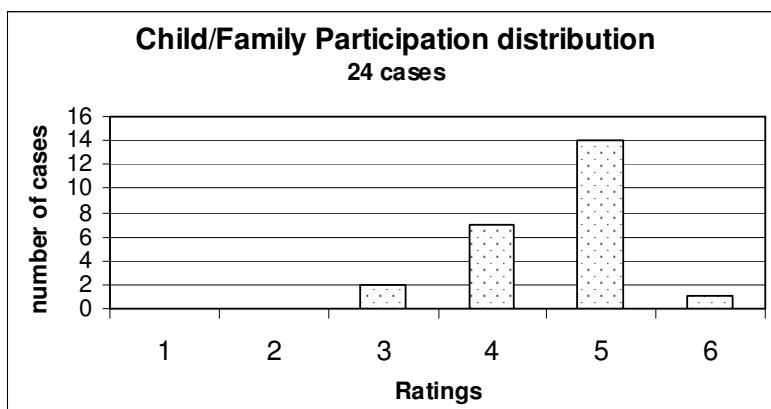
Overall System

Western System Performance									
	# of cases (+)	# of cases (-)	Exit Criteria 70% on Shaded indicators Exit Criteria 85% on overall score	FY05	FY06	FY07	FY08	FY09 Current Scores	Trends
Child & Family Team/Coord.	16	8	 66.7%	73%	75%	79%	91%	67%	Decreased and below standard
Child & Family Assessment	18	6	 75.0%	68%	54%	75%	70%	75%	Above standards
Long-term View	13	11	 54.2%	68%	54%	71%	65%	54%	Marked decline in performance
Child & Family Planning	18	6	 75.0%	68%	67%	83%	74%	75%	Above standards
Plan Implementation	22	2	 91.7%	91%	92%	92%	96%	92%	Decreased but above standards
Tracking & Adaptation	21	3	 87.5%	77%	79%	79%	100%	88%	Decreased but above standards
Child & Family Participation	22	2	 91.7%	82%	83%	96%	91%	92%	
Formal/Informal Supports	21	3	 87.5%	86%	92%	92%	100%	88%	
Successful Transitions	17	6	 73.9%	71%	74%	67%	74%	74%	
Effective Results	20	4	 83.3%	86%	75%	92%	83%	83%	
Caregiver Support	17	1	 94.4%	100%	94%	93%	100%	94%	
Overall Score	21	3	 87.5%	77%	79%	88%	100%	88%	Decreased but above standards
0% 20% 40% 60% 80% 100 %									

Child and Family Participation

Summative Questions: Are family members (parents, grandparents, and stepparents) or substitute caregivers active participants in the process by which service decisions are made about the child and family? Are parents/caregivers partners in planning, providing, and monitoring supports and services for the child? Is the child actively participating in decisions made about his/her future?

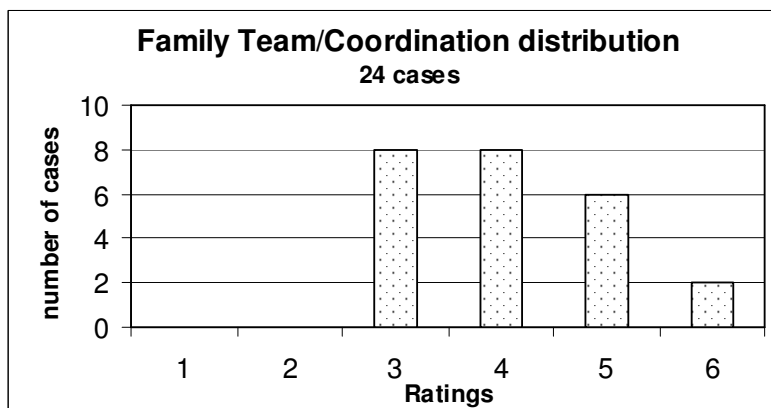
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a slight increase from last year's score of 91%.



Child and Family Team and Coordination

Summative Questions: Do the people who provide services to the child/family function as a team? Do the actions of the team reflect a pattern of effective teamwork and collaboration that benefits the child and family? Is there effective coordination and continuity in the organization and provision of services across all interveners and service settings? Is there a single point of coordination and accountability for the assembly, delivery, and results of services provided for this child and family?

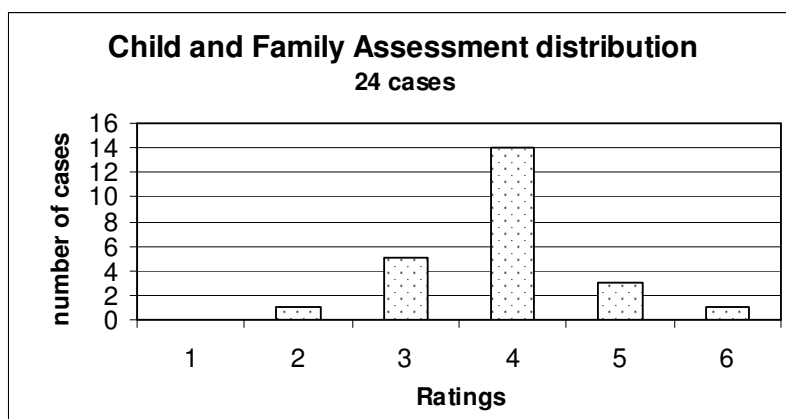
Findings: 67% of cases reviewed were within the acceptable range (4-6). This is a significant decrease from last year's score of 91%.



Child and Family Assessment

Summative Questions: Are the current, obvious and substantial strengths and needs of the child and family identified through existing assessments, both formal and informal, so that all interveners collectively have a “big picture” understanding of the child and family and how to provide effective services for them? Are the critical underlying issues identified that must be resolved for the child to live safely with his/her family independent of agency supervision or to obtain an independent and enduring home?

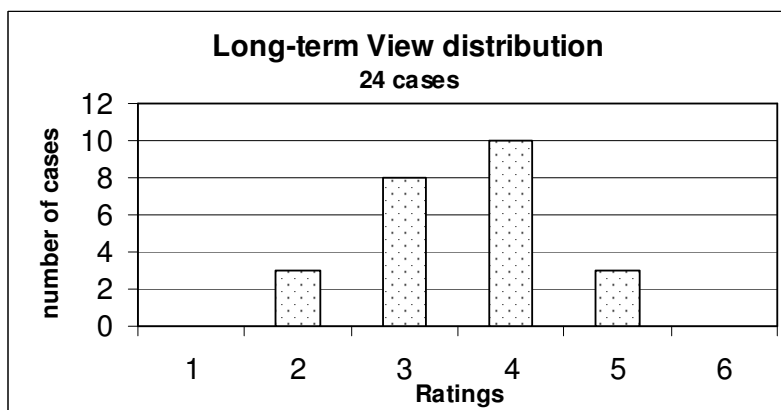
Findings: 75% of cases reviewed were in the acceptable range (4-6). This is an increase from last year’s score of 70%.



Long-Term View

Summative Questions: Is there an explicit plan for this child and family that should enable them to live safely and independent from the child welfare system? Does the plan provide direction and support for making smooth transitions across settings, providers and levels of service?

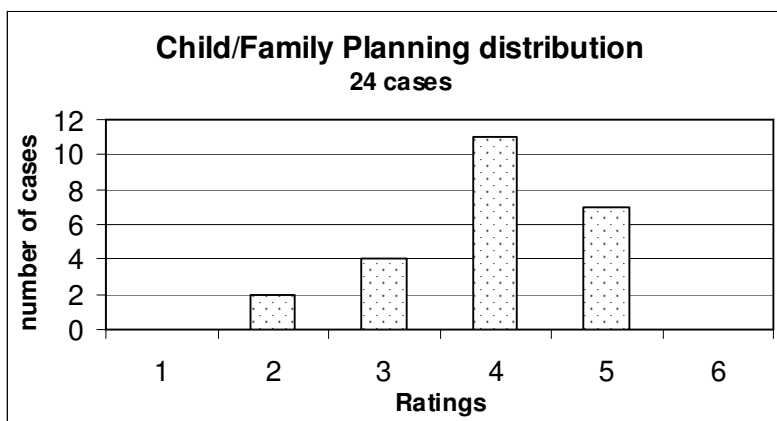
Findings: 54% of cases reviewed were within the acceptable range (4-6). This is a marked decline in performance and lower than last year’s score of 65%.



Child and Family Planning Process

Summative Questions: Is the Child and Family Plan individualized and relevant to needs and goals? Are supports, services and interventions assembled into a holistic and coherent service process that provides a mix of elements uniquely matched to the child/family's situation and preferences? Does the combination of supports and services fit the child and family's situation so as to maximize potential results and minimize conflicting strategies and inconveniences?

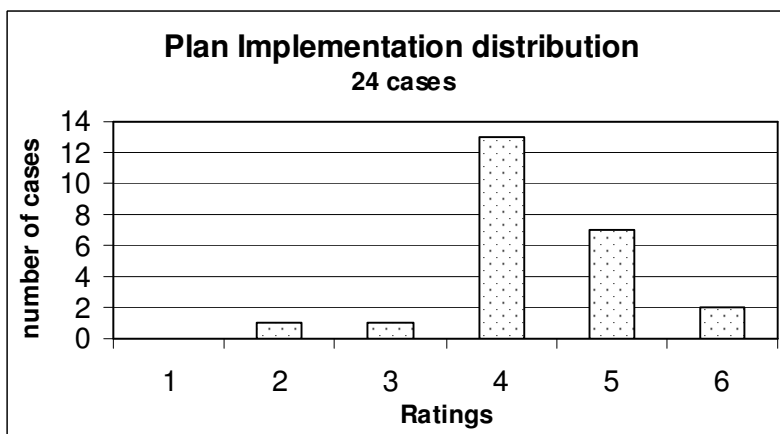
Findings: 75% of cases reviewed were within the acceptable range (4-6). This is a slight increase from 74% last year.



Plan Implementation

Summative Questions: Are the services and activities specified in the child and family plan 1) being implemented as planned, 2) delivered in a timely manner, and 3) at an appropriate level of intensity? Are the necessary supports, services and resources available to the child and family to meet the needs identified in the plan?

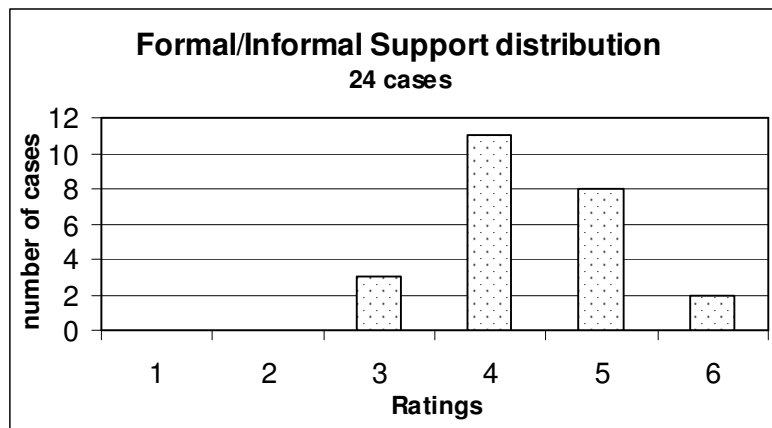
Findings: 92% of cases reviewed were within the acceptable range (4-6). This is a decrease over last year's score of 96%.



Formal and Informal Supports and Services

Summative Questions: Is the available array of school, home, and community supports and services provided adequate to assist the child and family reach levels of functioning necessary to achieve the goals of the child and family plan and for the child to make developmental and academic progress commensurate with age and ability?

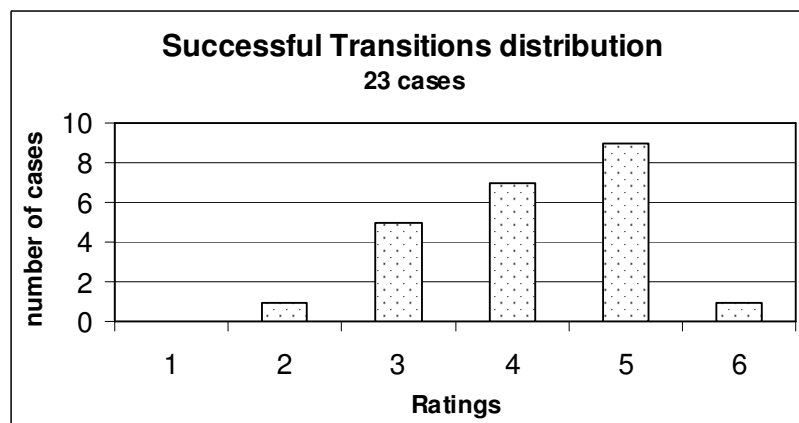
Findings: 88% of cases reviewed were within the acceptable range (4-6). This is a decrease from last year's score of 100%.



Successful Transitions

Summative Questions: Is the next age-appropriate placement transition for the child being planned and implemented to assure a timely, smooth and successful situation for the child after the change occurs? If the child is returning home and to school from a temporary placement in a treatment or detention setting, are transition arrangements being made to assure a smooth return and successful functioning in daily settings following the return?

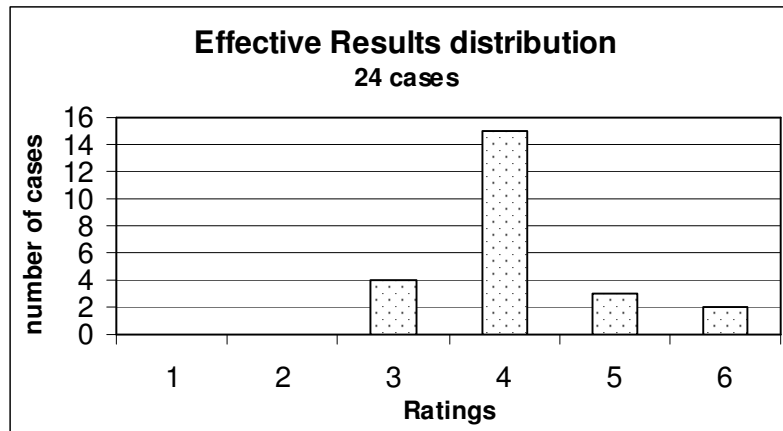
Findings: 74% of cases reviewed were within the acceptable range (4-6) which is the same percentage as last year.



Effective Results

Summative Questions: Are the planned education, therapy, services, and supports resulting in improved functioning and achievement of desired outcomes for the child and family that will enable the child to live in an enduring home without agency oversight?

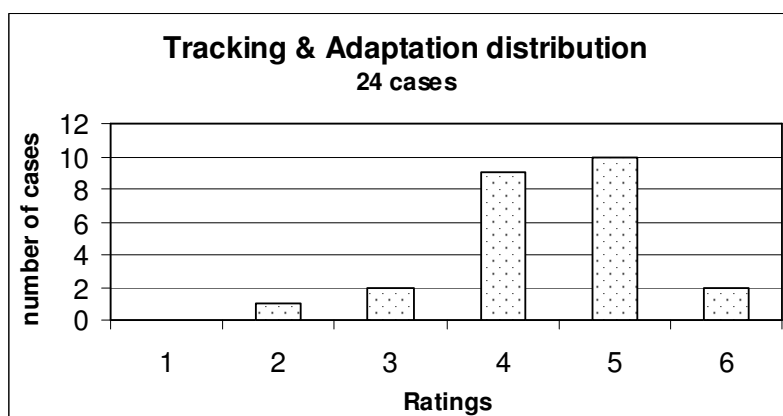
Findings: 83% of cases reviewed were within the acceptable range (4-6). This is the same percentage as last year.



Tracking and Adaptation

Summative Questions: Are the child and family status, service process, and results routinely followed along and evaluated? Are services modified to respond to the changing needs of the child and family and to apply knowledge gained about service efforts and results to create a self-correcting service process?

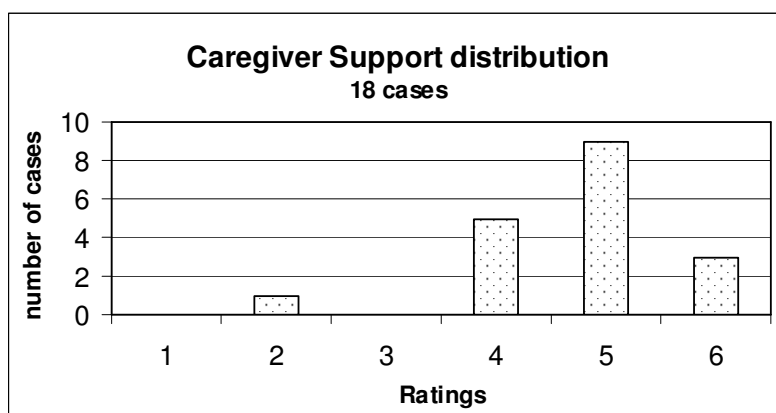
Findings: 88% of cases reviewed were in the acceptable range (4-6). This is a decrease over last year's score of 100%.



Caregiver Support

Summative Questions: Are the substitute caregivers in the child's home receiving the training, assistance and supports necessary for them to perform essential parenting or care giving functions reliably for this child? Is the array of services provided adequate in variety, intensity and dependability to provide for caregiver choices and to enable caregivers to meet the needs of the child while maintaining the stability of the home?

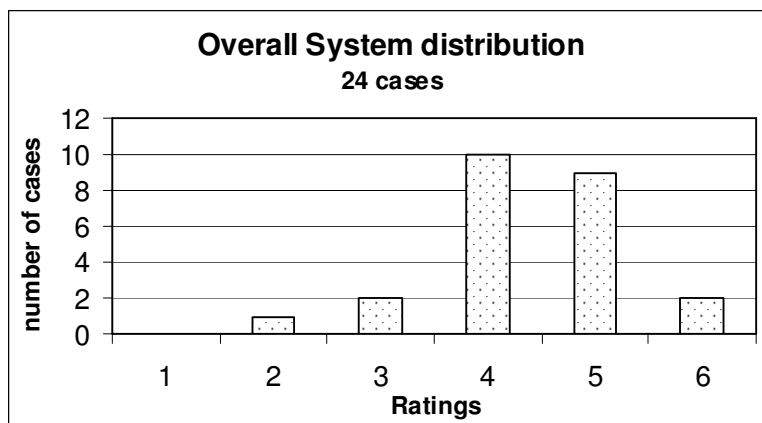
Findings: 94% of cases reviewed were in the acceptable range (4-6). This is a decrease from last year's score of 100%.



Overall System Performance

Summative Questions: Based on the Qualitative Case Review findings determined for System Performance exams 1-11, how well is the service system functioning for this child now? A special scoring procedure is used to determine Overall System Performance for a child.

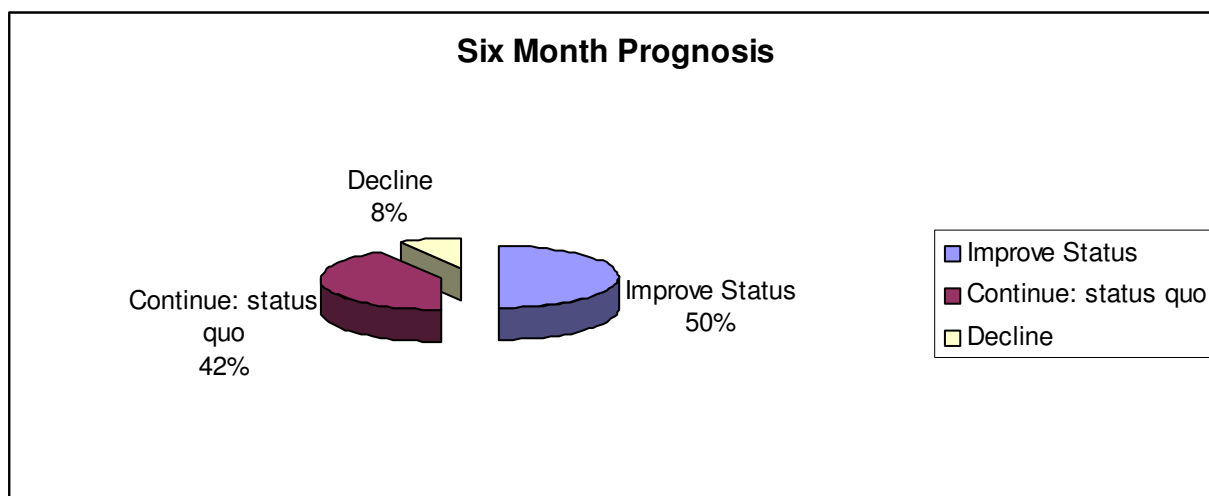
Findings: The Region's Overall System Performance score shows 88% of cases reviewed being within the acceptable range (4-6). This is a decrease from last year's score of 100% but is still above the standard of 85%. There were three cases that rated as unacceptable on overall system performance.



Status Forecast

One additional measure of case status is the reviewer's prognosis of the child and family's likely status in the next six months, given the current level of system performance. Reviewers respond to this question: "Based on current DCFS involvement for this child, family, and caregiver, is the child's overall status likely to improve, stay about the same, or decline over the next six months?"

Of the cases reviewed, 50% (12 cases) anticipated an improvement in family status over the next six months. In 42% (10) of the cases, family status was likely to stay about the same. Two of the cases (8%) were anticipating that the family's status would decline over the next six months.



A case with a prognosis of "likely to improve" over the next six months is considered positive. The question then becomes, what about the cases where it is anticipated that things will "stay about the same" over the next six months? For a family that is doing well, a prognosis of staying about the same could be positive. For a family or child with poor status, it would be negative to be in the same position in six months. The review data indicates that of the 10 cases with a prognosis of staying about the same over the next six months, eight of the cases had acceptable ratings in child and family status. Five of those eight cases were rated as substantially acceptable or higher so it would be a positive expectation for those cases to continue status quo. Two of the 10 cases had unacceptable child and family status so the forecast of remaining the same is very negative. For the overall Western Region review, only four cases had a negative prognosis.

Outcome Matrix

The display below presents a matrix analysis of the service testing results during the current QCR. Each of the cells in the matrix shows the percent of children and families experiencing one of four possible outcomes:

- Outcome 1: child and family status acceptable, system performance acceptable
- Outcome 2: child and family status unacceptable, system performance acceptable
- Outcome 3: child and family status acceptable, system performance unacceptable
- Outcome 4: child and family status unacceptable, system performance unacceptable

The desired result is to have as many children and families in Outcome 1 as possible and as few in Outcome 4 as possible. It is fortunate that some children and families do well in spite of unacceptable system performance (Outcome 3). Experience suggests that these are most often either unusually resilient or resourceful children and families, or children and families who have some “champion” or advocate who protects them from the shortcomings of the system. Unfortunately, there may also be some children and families who, in spite of good system performance, do not do well (these children and families would fall in Outcome 2).

The outcome matrix for children and families reviewed during the Western Region review indicates that 75% of the cases had acceptable ratings on both Child Status and System Performance. There was one case that rated unacceptable on both child status and system performance.

	Favorable Status of Child	Unfavorable Status of Child
	Outcome 1	Outcome 2
Acceptable System Performance	<p>Good status for the child, agency services presently acceptable.</p> <p>n=18 75%</p>	<p>Poor status for the child, agency services minimally acceptable but limited in reach or efficacy.</p> <p>n=3 12.5%</p>
	Outcome 3	Outcome 4
Unacceptable System Performance	<p>Good status for the child, agency mixed or presently unacceptable.</p> <p>n=2 8.3%</p>	<p>Poor status for the child, agency presently unacceptable.</p> <p>n=1 4.2%</p>

Summary of Case Specific Findings

Case Story Analysis

For each of the cases reviewed in Western Region, the review team produced a narrative shortly after the review was completed. The case story narrative contains a description of the findings, explaining from the reviewers' perspective what seems to be working in the system and what needs improvement. Supplementing the numerical scores, the case stories help to provide insight into how system performance affects important outcomes for particular children and families. The case stories are provided as feedback to the caseworker and supervisor responsible for each case reviewed, and all of the case stories are provided to the Office of Services Review for content analysis and comparison with previous reviews.

The summary of case specific findings provides selected examples of results and practice issues highlighted in the current review. Because some of the results are self-evident or have been stable at an acceptable level, only the key Child Status indicators and core System Performance indicators are included.

Child and Family Status

Safety

The safety indicator represents one of the fundamental responsibilities of the child welfare system and scored 83% in the current review, a decrease from 91% scored last year. Although there is no perfect guarantee of safety under any circumstances (within or outside of the child welfare system), safety is more likely when key indicators of system performance are reliably present.

In the cases that had an acceptable score in safety, the safety issues had been identified and addressed in the plan and by the team. One case exemplifies how a child's safety needs were met through an appropriate placement:

[Target child] has been living with her current foster family since March 7, 2009. The family consists of mother, father, daughter, and brother. The daughter is close to [target child's] age and is adopted. The younger brother is approximately two years old. The father works full time. The foster mother is at home, allowing for optimal supervision and care. Both parents are reliable and competent, and are able to provide for the needs of both [target child] and their children. The home has set rules that provide the structure [target child] needs. Reports from [target child's] foster family and therapist indicate that [target child's] behavior, described as "a little attitude," improves when there is structure and set consequences. There are no current safety risks in the home. This home is optimally able to provide for [target child's] safety.

There were four cases in which safety was rated as unacceptable. The following case example illustrates how an unmanaged safety issue can put a young child at risk:

Safety scored in the unacceptable range because there is an unmanaged, unknown risk to [target child]. [Target child] is living with his aunt and uncle. When we asked them what they do for respite or how they get a break, they told us that [target child] goes and spends the night with his grandpa. The stipulation for visitation with grandparents is that it is supervised by the aunt or uncle. When we interviewed grandpa and asked him what visitation is like, he stated that he has overnight visits with [target child]. We asked who was there when [target child] visits. He said that he and grandma had divorced due to her drug abuse, but for the grandkids' sake, they only see the kids when they are together. So he said that grandma was there for the sleepovers. When we asked grandpa if bio-mom lived in his home, he stated that she does. He said that he dried her out for several months and she is doing really well right now. He did tell us that bio-mom is not in the home when the overnight visits take place. When we spoke with the caseworker and supervisor about this, they had no idea that the overnight visits had occurred.

Safety is a “trump” exam meaning that overall child status on each case is acceptable only when safety is rated in the acceptable range. Safety is scored in two separate areas- safety for the child and child risk to others. There were four cases with the safety indicator rated as unacceptable. One case involved a high need 1-yr-old child who was medically fragile. The foster father had recently been supported for physical abuse of the child which resulted in the child being removed from the foster home. Another case involved a 6-yr-old who was being exposed to an unmanaged safety risk. The child was having unsupervised overnight visits with the grandparents and birth mother when the court had ordered supervised contact only due to concerns related to drug abuse. The third case involved a 13-yr-old residing in a residential setting who was involved in a recent incident where the child and four other boys were caught engaging in sex with each other in what was considered mutual sexual perpetration. The fourth case with an unacceptable rating on safety involved a 17-yr-old who was placing himself at risk by running away, doing drugs, engaging in indiscriminate sex, and hanging out in a well known drug house.

Stability

Stability is an important indicator of well-being for children, especially for those in foster care. 63% of the cases represented in the current review scored in the acceptable range which is a slight decrease from the 65% from last year on this indicator. One case story illustrates how stability in relationships can assist children during potentially difficult events:

The child was placed in the paternal grandparents' home six months prior to the review and he has not moved even once. Also, due to the behaviors of the parents, whenever they were having problems, they would bring the children to the paternal grandparents' home where they might stay for days or even weeks at a time. The children, as reported by most of the team, do not even realize that they have been removed from their parents' custody. The transition from parental care to grandparent care was basically uneventful and seemed natural to the children. This transition coupled with the grandparents' willingness to keep the children either until they can be safely returned to the care of their parents or until they can adopt the children justifies the substantial rating.

Instability in placements as well as instability in relationships can have a negative impact on a child. Consider the following case example:

When he moves from detention, [target child] will have spent time in five placements in the last eight months. In addition to frequent changes of caregiver, [target child] has not had a consistent mental health therapist. He experienced at least three changes in therapist since leaving [residential program]. [Target child] has changed schools twice in the last twelve months and will be changing yet again when he leaves D.T. [Target child] has maintained contact with his grandmother and younger sister. He has also had contact with his mother and father. However, aside from regular visitation with his grandmother, [target child] has not been the beneficiary of continuity in caregivers, school settings or close personal relationships. [Target child's] caseworker is leaving the agency as well. [Target child] occasionally sees his mother who lives out of state. His father spends a good deal of time with [grandmother] in [another city]. He sees him from time to time during visits to grandma's apartment. While there has been some continuity in contact with family members, in general and overall, stability has been poor.

Stability is one of the Child Status indicators that has been a challenge for the Region. This indicator has trended down over the last couple of years. It is often assumed that the cases that struggle with stability tend to be teenagers residing in higher levels of care. Review of the nine cases with an unacceptable rating on stability does not support that assumption. Of the nine unacceptable stability cases, four cases involved teenagers (ranging from 14 to 19 years old) and five cases involved younger children (ranging from 1 to 11 years old). Of those nine cases, only three of the children were residing in a higher level of care. Stability continues to be a challenge for all age groups across all levels of care. Of the nine cases with unacceptable stability, eight cases also had unacceptable permanency.

Prospects for Permanence

Permanency is widely recognized as a primary outcome for children in the child welfare system. Performance on this indicator experienced a decrease from 61% last year to 54% in the current QCR sample.

Every child is entitled to a safe, secure, appropriate, and permanent home. The following case is an example of achieving permanency and connectedness for a child through caring, enduring relationships:

Along with the enduring relationships that [target child] will be able to have with her Aunt, Uncle and extended family, her prospects for permanence look favorable for her as she makes her next transition home. [Target child's] Juvenile Court Judge has granted a trial home placement to occur once she completes the school year. [Target child] will return to her Mother and Stepfather who are committed to support [target child] and help her continue to progress. They voluntarily completed the foster care classes with [uncle] and [aunt] and plan to complete additional parenting classes to help support their teenage daughter. [Target child] also has a close relationship with her sisters who live in the Provo area. She is especially close to her oldest sister, with whom she feels

she can confide in. Despite [target child's] history of oppositional behavior, she has done well on biweekly home visits and has really shown a desire to do what she needs to in order to stay home. She reports that "losing her family" has motivated her to change.

Inadequate permanency often results when a child is residing with caregivers where the relationship is not expected to endure until the child becomes an adult. The plan for meeting a child's need for permanency is considered unacceptable if the prospects are viewed as uncertain or unrealistic. The following case example demonstrates how unresolved legal issues can be a barrier to permanency:

[Target child] is currently in a temporary placement, awaiting her aunt's home to become a licensed foster home. There is not yet a date set for [target child] to be moved into the home. The ultimate goal is for [target child] to become adopted by her great aunt and uncle. The team is hopeful that the placement will succeed. The potential adoptive family is confident that it will happen; however, there are some barriers that may prevent adoption. Reunification services with the mother have been terminated; however, parental rights are still intact. Legal issues have not yet been resolved. There have also been doubts expressed by the caseworker, current foster mom, and the therapist concerning the aunt's ability to be able to handle [target child's] negative behaviors long term. It has been suggested that the aunt and [target child] undergo family therapy during the transition period to address these concerns.

Prospects for Permanence was the lowest Child Status indicator in the review. There were 11 cases with an unacceptable rating on Prospects for Permanence. Of those 11 cases, six cases involved older youth (ranging from 12 to 19 years old), five of which were residing in higher levels of care. Five of the 11 cases with unacceptable permanency involved younger children (ranging from 1 to 11 years old). Of the five cases involving younger children, three of the children were residing at home or were placed with family, one was awaiting placement with family, and one was in a temporary hospital setting after being removed from a foster home. Review of the cases involving the younger children indicated that the permanency concerns centered on team members believing that the current caregivers may not be able to provide for the enduring permanency needs of the children. Finding permanency for children can be a challenge for all age groups across all levels of care.

Family Functioning and Resourcefulness

The readiness of families to function safely and independently without extensive formal supports is a key long-term indicator of sustainable progress. The score on this indicator experienced an increase from 54% last year to 67% in the current review.

The family's ability to function and obtain appropriate supportive resources is a strong component of children being able to be safely maintained in their home or being able to be successfully returned home. The case example below exemplifies how a resourceful parent was able to sustain her progress in a way that allowed the child to return and remain home.

The team attributes the success the family has achieved to [mother's] insight and recognition of the problems and her motivation to do something about them. [Mother] in turn recognizes her progress as a part of a team effort. She knows who her supports are and uses them to help her in her healing. [Mother] and [stepfather] continue to live a recovery lifestyle and recognize their journey is an ongoing process. The team is confident in [mother] and [stepfather's] ability to maintain progress even after DCFS services are ended.

In some cases, a parent's level of functioning can be a barrier that prevents a child from being able to return home safely. Problematic parent functioning was evident in the following case story example:

[Mother] has done very little to improve her skills as a parent; improve her capacity to cope to stressors; strengthen the parent/child bond; or manage the environment in which she lives. [Mother's] home is still marginal but it is reported to be at least suitable for occupancy. There are still extended family members living in [mother's] home. These family members are under jurisdiction of juvenile court and receive supervision services. [Mother] has received notice of eviction. [Mother] has no concrete plans for housing but has some leads. [Mother] has had a history of health problems that she reports have contributed to her inability to provide adequate attention to the needs of the children. [Mother] reports that these health concerns are chronic and persistent and they would still prohibit her from meeting the needs of the children.

System Performance

Child and Family Team and Coordination

The use of child and family teams is a core aspect of the Practice Model and leads to success in many other areas of system performance. The score on this key indicator of system performance experienced a significant decrease from 91% last year to 67% in the current review, which is below standard.

Effective teaming was often mentioned as a key element in cases that scored well on overall system performance. The following example illustrates how effective teaming produced meaningful results:

A Child and Family Team was organized soon after a petition was filed and ongoing services through DCFS were initiated. Key participants were identified early on and all members were encouraged to participate in the development of services. [Mother] attributes the success that she has achieved to the effectiveness of the teaming process. She reports that in the beginning the agency and the court were more directive in the development of goals for the Service Plan, but she believes that was appropriate because she was still denying that she had any problems. Still, she remembers those early

meetings as empowering and respectful and she was encouraged to participate in the selection of services to meet the Service Plan objectives.

The team has evolved over time, but all team members feel confident that the appropriate players have participated in the meetings as needed. The team consists of an optimal mix of formal and informal supports, and based on those supports the team feels confident in [mother] and [stepfather's] ability to sustain the changes they have made after DCFS terminates its involvement. [Mother] very clearly stated that this is her team and she can invite anyone she wants to be there. She gave the example of how her mother has been a very active participant in the team meetings, especially when her mother had custody of [target child]. The team meetings have occurred on a monthly basis and the purposes have changed depending on the needs of the family. Meetings were used for Service Plan development, crisis planning (such as when [mother] had upcoming jail time), and tracking progress and adapting services.

The case below demonstrates how inadequate teaming can be a barrier to case progress:

The team has been limited and there are people who could have helped with the tracking, assessing and planning for this case. One of the people excluded from the team was the schoolteacher. The caseworker indicated that she was not included due to the fact there were no concerns about the educational progress of [target child]. He also stated that [target child] would not be happy if the teacher was aware of DCFS involvement in her life. After talking to the teacher it was discovered that she is a long time friend of the family and has been a close friend to [child's] aunt for many years. The teacher was very aware of the case and what was going on. [Target child] talked to her often. The teacher was concerned that [target child] is a quiet child who holds her emotions in. Since the teacher is the person who is with [target child] most of her waking hours, she could have been a great asset in monitoring and tracking the family's concerns about her. Everyone on the team was comfortable sharing information with the caseworker; however, there was no communication between other team members. Many people interviewed felt that information was not being passed on and shared. The therapists were not part of the team and there was no communication between the mother's therapist and [target child's] therapist.

The Child and Family Team and Coordination indicator experienced the largest decrease of any indicator in the review with a 24-point drop from 91% last year to 67% this review. The Child and Family Team and Coordination indicator score is below the standard for a core system performance indicator. This is the first time this core indicator has been below the standard since the 2003 review. Review of the eight cases with unacceptable teaming/coordination shows one primary common theme- key members were missing from the team. Missing key team members often resulted in poor communication and poor planning. Examples of missing key members were extended family, therapist, and teachers.

Child and Family Assessment

Formal and informal assessments are critical in developing an understanding of the child and family and how to best provide effective services for them. The Region increased their assessment score from 70% last year to 75% in the current review. The following example exemplifies how a great assessment can be a meaningful tool to the team:

There were numerous and detailed assessments. They were well encapsulated in the narrative of the assessment, and the services that had been provided in the recent past, as well as those that were currently provided, were matched to the deficits noted in the assessments. There was a common understanding among the team members as to the assessment materials and the resources that were available to the team.

The example below demonstrates how an insufficient assessment can lead to poor planning:

The actual Child and Family Assessment document is not being updated or utilized. There are many important aspects of [target child's] case that have not been adequately assessed. For example, the plan is that once [target child] leaves [the residential program] she will enroll in a packet program in order to complete this school year and to work throughout the summer. The Special Ed teacher and the school staff at [the residential program] feel that [target child] is not capable of working at her own pace and that she needs direct monitoring and a hands on approach to education. One of [target child's] past mental health evaluations identified her as possibly having FAS. This diagnosis has been virtually unaddressed. There is also a significant amount of assessing needed concerning [target child's] return to live with her past foster parent. This foster mother has many issues that she is facing.

Child and Family Assessment is a key system indicator that has the potential to either positively or negatively impact other key system indicators. All six of the cases with an unacceptable rating on assessment also had unacceptable ratings on Long-Term View. Review of the six cases with unacceptable assessment shows some common themes. The primary theme was key assessment pieces were missing such as underlying needs and accounting for major issues or events such as the death of a parent. Another common concern was the lack of sharing the assessment information with team members. More thorough, shared assessment would help elevate the Region's future scores on the Child and Family Assessment indicator.

Long-Term View

The Long-Term View is an explicit plan for the child and family that should enable them to live safely and independent from the child welfare system. The Region experienced a marked decline in performance as a result of the 54% rating on the long-term view indicator. The following is an example of how a clear primary and concurrent long-term view can help direct a team in their efforts to meet the safety and permanency needs of the children:

The team has a shared understanding of what they are doing to achieve enduring safety and permanency. There is a concurrent plan in place that provides for enduring safety

and permanency in the event that the primary plan is unrealized. There is a great deal of optimism surrounding potential for achieving the concurrent plan. There is much less confidence among team members that if reunification does happen, that it is likely to be enduring.

An inadequate long-term view can translate to poor planning as illustrated in the following case example:

The goal for these boys is clearly adoption but there is no clear pathway to get there. The concurrent plan is listed as Guardianship non-relative but there are no plans for achieving this. The caseworker and the team had really focused all of their efforts on the foster family and the goal of adoption. The problem with this was that the assessment did not include what the foster family needed to maintain the boys and so the steps needed to achieve the Long Term View were not there. The Long Term View is the map of the destination for permanency and enduring safety and uses the assessment and the plan to get to that destination. In this case, the primary destination was determined but the assessment did not inform the plan or the Long Term View. The steps of getting the foster parents through foster training and making sure that they understood the importance of and used respite or informal supports were not included. Respite is critical for any family with a medically fragile child not to mention two.

Long-Term View was the lowest scoring System Performance indicator in the review. The drop in score from 65% to 54% constituted a marked decline in performance. Review of the 11 cases with an unacceptable rating on Long-Term View revealed some common concerns. Concerns included the case focus being short term with no plan for enduring safety and permanency. Other identified concerns were the team lacked a path or direction; there was no shared understanding of where they were going. Several of the cases raised concerns with there being no steps identified that would help the team reach their destination.

Child and Family Planning Process

The worker and family working together to develop an individualized and relevant child and family plan is an important part of quality case management. The Region's score on the Child and Family Planning Process indicator experienced a slight increase from 74% last year to 75% this year. The following case example demonstrates how a relevant plan developed by the team can produce meaningful results:

Monthly team meetings were held with active participation by key members of the team. The progress, barriers and steps to accomplish the big picture were reviewed and solutions offered to address meeting the needs and steps. Feedback from the parents, proctor parents, therapist and [target child] led to modifications of the plan. An example of this was after the parents' request to continue reunification services at the 12 month permanency hearing the team met and reinforced the therapist going to the adoptive home to do the family therapy. The subsequent plan was designed to encourage the completion of the return home goal. [Target child's] needs and steps were clear. The

plan addressed his structured placement, counseling and education needs to improve his relationship skills and abilities, which would facilitate his successful return home.

Another case example demonstrates how insufficient planning can slow a team's progress towards the case goals:

The team produced an updated plan earlier this year. The plan set forth broad goals but does not outline specific services or interventions that will be employed to help [target child] achieve those goals. The plan is more or less a list of things that [target child] will do, as if writing down those things will result in [target child] actually being able to accomplish them. Still, the team met in order to produce the plan and understands a number of factors that [target child] has expressed as important to himself. In general, the plan reflects a dearth of understanding of underlying needs, particularly [target child's] mental health needs but fails to connect goals to specific methods and or to persons who will carry out specific interventions to help [target child] reach a goal. The caseworker is responsible for too large a portion of the plan, whereas steps to be taken by mental health treatment providers or school personnel are simply overlooked.

The Child and Family Planning Process indicator assesses two key elements: the written Child and Family Plan, which is considered a legal document, and the process used to create the Child and Family Plan. Review of the six cases with an unacceptable rating on Child and Family Planning Process shows the majority of the concerns centered on the written document. Concerns related to the documents included the plan being outdated, not individualized, not adapting to major changes, and missing key steps. An accurate, relevant, individualized written plan is a critical part of a successful rating on the Child and Family Planning Process indicator.

Plan Implementation

A plan that is being implemented in a meaningful way produces measurable results. Plan Implementation decreased from last year's score of 96% to 92% this year. The following case example demonstrates how a successfully implemented plan can produce positive outcomes:

[Target child] and the provider are receiving all of the services that they need at this time and the services are being delivered in a timely, consistent and competent manner. The therapy is an example of this, it is weekly and in the home. This has been very helpful to [target child] and the provider. In addition, the school services are working well for the child. The services in general that are being delivered have been very effective and the team is seeing good results. As noted previously [target child's] behaviors have improved a great deal since coming to this home. In school, she is at grade level and performing well in spite of her processing difficulties. No one on the team could identify services that were needed but not being provided.

The following case example illustrates how a plan that is poorly implemented produces little to no results:

The plan does not reflect [target child's] needs and the intensity of services is poor. It appears that some critical services are missing. Therapy for [target child] and the family is missing. [Aunt] and [uncle] indicated that they haven't even talked to [target child] about going to another home because they don't know what to say to him. They are just afraid that he will grow up and hate them for not keeping him.

Tracking and Adaptation

Good tracking and adaptation helps with monitoring progress and adapting to evolving child and family needs. The tracking and adaptation indicator was rated at 88% which is a decrease from last year's score of 100%. Consider the following case example of how effective tracking and adapting made an important difference in a child's life:

During the course of the case DCFS appears to have done a good job of monitoring [target child's] status to ensure that her needs are being met. The caseworker has adapted the services when a new need was identified. The best example of this is the IEP that was put in place at the request of the caseworker. It is likely that [target child] has had some degree of learning disabilities for a long time. Very soon after this school year started, the caseworker noticed that the struggles [target child] was experiencing in school were likely the result of her special needs. Testing was requested that resulted in the IEP that is currently in place. This simple request has had a tremendous impact for good for [target child] in many ways. Her grades improved, she is learning more, she feels better about herself, and she now has some real academic success to take with her when she returns home.

The following case example demonstrates how it is important to not only track a child's progress but then to adapt to keep the case moving forward:

The caseworker has done a great job of tracking this child. He has a great knowledge of what her challenges are, what she is doing or not doing, and has a good understanding of the case. Adaptations, however, are not successfully occurring. The team is meeting, but nothing is changing, and the child is in the same place as she was over one year ago when her child was born. This is also the same place she is and has been in since her child was removed. The missing piece, that the team alludes to, is not being looked for, and adaptations for her to be successful are not being made .

V. Practice Improvement Opportunities

During the Qualitative Case Review process, opportunities for practice improvement were observed and identified regarding the system and case management. At the conclusion of each two-day review period, the reviewers met together for a debriefing session during which a brief outline of each case and the reviewers' observations were presented and discussed with the other reviewers. As part of the debriefing process, each review team was asked to present two or three practice improvement opportunities on their case that could improve case outcomes. The suggestions have been categorized into common themes which are listed below.

Teaming

In cases where teaming needed improvement:

- Family members did not feel like their input was wanted. They did not believe they could call a team meeting. They were told that reunification was the goal so the family history did not matter.
- Team members appeared to be working independent of other members of the team. This led to confusion regarding team members' roles. The lack of teaming also created problems with the coordination of the various services the mother was participating in.
- The case went for over a year without a team meeting. The case was transferred to a new worker who began meeting monthly with the parents only. Both the paternal and maternal grandparents are regularly involved with the children but they have not been engaged as team members.
- There were two separate teams working with the family. It would be beneficial to bring the two groups together to better enhance the team's understanding and communication.
- The worker had some team meetings with key members but the teaming was underpowered. The foster mother and therapist were not on the same page. A more recent family team meeting with improved coordination would have produced better results for the mother.
- The plan was to transition the child back home. The mother's boyfriend had not been involved in the teaming even though he will be directly involved in the future transition back home.
- The team was dysfunctional and the team meetings were very contentious. The primary problem was lack of leadership on the team. The therapist had a team meeting and did not invite the caseworker. The child did not want to have anything to do with the team, she just wanted out of the system.
- Other than the GAL and caseworker, there have been no long-standing team members. Mental health has not been part of the information sharing so the team had not been updated regarding the therapy services.

Assessment

In cases where assessment needed improvement:

- The Child and Family Assessment was exclusively focused on the child. The assessment would have benefited from more information regarding the father and his preparedness to have the child returned to his care.

- The assessment did not include information regarding the mother's live-in boyfriend who had issues related to child endangerment. The mother reported he had been living in the home while there was a no-contact order with the children outside of the peer parent sessions. The assessment also did not include sufficient information regarding the death of the father and the impact that was having on the children's functioning.
- Many important aspects of the case had not been adequately assessed such as the adoptive parents' strengths and needs. It was later learned that the adoptive parents had some underlying issues that had been interfering with reunification efforts.

Planning

In cases where planning needed improvement:

- The plan did not reflect the child's needs and the intensity of services was lacking. Some critical services were missing from the plan.
- The written plan was a little vague. The requirements had minimal information and steps. It had been frustrating for the family to implement the plans and services.
- The written plan had been recently updated but did not include all of the steps and services that the team was implementing to meet the family's long-term view.

Long-Term View

In the case where the long-term view needed improvement:

- There was no shared view by any of the team members that was consistent. With the permanency deadline fast approaching, a clear long-term view needed to be developed that gave direction to the plan and identified what needed to be in place for the children to live in a family setting without oversight of DCFS.
- The long-term view needed to include some basic steps so that progress could have been monitored and would, therefore, have increased the possibility of successfully reaching the case goals.
- The team lacked some direction and understanding of where they were going. The long-term view did not meet the child's need for enduring safety and permanency.
- The long-term view was outdated. No one on the team was clear on what needs to be done to reach the goal.
- There was no team discussion or planning beyond the next imminent change. The focus was on short-term goals.

Services

In cases where services needed improvement:

- The child came into foster care for truancy issues and due to lack of placement options she was placed in a higher level of care which was not the least restrictive placement for her needs.
- Accessing Spanish-speaking services is very problematic for parents residing in rural areas due to the services being unavailable.
- The mother only had access to one mental health provider option which was the local county mental health agency. Because it is the only option, there is often a waiting period to get in. This caused a delay in the mother being able to access that service which contributed to her relapse.

General Observations by OSR

The Region appears to have a significant amount of youth over the age of 18 that are still in foster care as a result of Judge's orders. Having youth in care that are old enough to be adults presents some unique case management challenges for caseworkers such as serving youth who refuse to cooperate and youth who place themselves at risk through the activities and choices they make.

There appears to be a system issue in regards to getting psychiatrists from the local county mental health agency to family team meetings due to a payment barrier. The psychiatrists provide medication management services for youth. Both the team and the psychiatrist would often benefit significantly from the information exchange that attending a family team meeting would provide. The mental health agency does not have a payment mechanism that would allow the psychiatrist to be compensated for their time at a meeting. There is a sense that DCFS Region administration and the local mental health administration could resolve this barrier with some joint problem solving.

VI. Analysis of the Data

RESULTS BY CASE TYPE AND PERMANENCY GOALS

The following table compares how the different case types performed on overall System Performance. The data also indicates how many scores the case types had in the acceptable scoring range of 4's, 5's and 6's.

Case Type	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Foster Care SCF	18	5	9	1	15	83%
Home-Based PSS	6	5	0	1	6	100%

All three of the cases with an unacceptable rating on overall System Performance were Foster Care cases. All of the Home-Based cases scored in the acceptable range on overall system performance. Foster Care cases within the acceptable overall System Performance range rated higher than Home-Based cases with acceptable ratings. For Foster Care, 56% of the cases rated as a 5 or higher. For the Home-Based cases, only 17% scored a 5 or higher. Five out of 6 Home-Based cases scored only minimally acceptable, while 10 out of 18 Foster Care cases were substantially or optimally acceptable.

The table below compares how each Goal Type performed on overall System Performance. All four goal types performed about the same on overall System Performance. The three cases with an unacceptable rating on overall System Performance fell into three different case goal types. When comparing how the Goal Types rated within the acceptable range, three goals (Adoption, Individualized Permanency, Reunification) had 50% of their cases rating at a 5 or higher. Only 25% of the cases with a Remain Home goal rated at a 5 or higher.

Goal	# in Sample	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Adoption	4	1	2	0	3	75%
Individualized Permanency	6	2	2	1	5	83%
Remain Home	4	3	0	1	4	100%
Reunification	10	4	5	0	9	90%

RESULTS BY CASEWORKER DEMOGRAPHICS

In this review, high caseloads seem to have some impact on overall System Performance results. Two of the three cases (67%) with ratings of unacceptable on overall System Performance belonged to caseworkers with large caseloads. Seven of the 24 workers in the sample had caseloads of 20+ cases. There were many workers with a large caseload who performed well and one caseworker with a small caseload who did not perform well.

Caseload Size*	# in Sample	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
16 cases or less	10	0	0	1	5	3	1	9	90%
17 cases or more	14	0	1	1	5	6	1	12	86%

* There were two part-time caseworkers in the sample so their caseload numbers were doubled for comparability purposes in the caseload size data analysis.

As the following chart shows, the caseworker's length of employment in their current position did not produce a significant difference in the percent of acceptable overall System Performance scores. Overall, the data suggests that new workers perform as well as more experienced workers on scores within the acceptable range that rated 4 or higher.

Length of Employment in Current Position	# in Sample	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Less than 12 months experience (< 1 year)	5	0	0	0	2	2	1	5	100%
12 to 24 months experience (1 year)	7	0	1	0	2	4	0	6	86%
24 to 36 months experience (2 years)	4	0	0	0	2	2	0	4	100%
36 to 48 months experience (3 years)	4	0	0	1	3	0	0	3	75%
48 to 60 months experience (4 years)	1	0	0	1	0	0	0	0	0%
60 to 72 months experience (5 years)	0	0	0	0	0	0	0	0	N/A
More than 72 months experience (> 6 years)	3	0	0	0	1	1	1	3	100%

RESULTS BY OFFICE AND SUPERVISORS

When the case samples were selected for the review, cases from five offices in the Western Region were identified as part of the sample selection. The three cases with unacceptable overall System Performance were from three different offices. Each of the five offices were comparable in their overall System Performance.

SYSTEM PERFORMANCE						
Office	Total Cases from Office	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Office A	5	2	3	0	5	100%
Office B	3	2	0	1	3	100%
Office C	5	3	1	0	4	80%
Office D	4	1	2	0	3	75%
Office E	7	2	3	1	6	86%

A total of 11 supervisors from throughout the Region participated in this year's review. When evaluating acceptable System Performance by each individual supervisor that participated in the review, the majority of the supervisors (eight) had acceptable System Performance ratings on 100% of their cases reviewed. The three cases with unacceptable overall System Performance were associated with three different supervisors. Eight supervisors had at least one case that rated as a 5 or higher. One supervisor, Supervisor K, had 100% of her cases rated as a 5.

SYSTEM PERFORMANCE							
Supervisor	Office	Total Cases	Rating 4	Rating 5	Rating 6	# Acceptable System Performance	% Acceptable System Performance
Supervisor A	C	2	1	1	0	2	100%
Supervisor B	C	1	1	0	0	1	100%
Supervisor C	E	2	1	1	0	2	100%
Supervisor D	E	2	0	0	1	1	50%
Supervisor E	C	2	1	0	0	1	50%
Supervisor F	A	3	1	2	0	3	100%
Supervisor G	E	3	1	2	0	3	100%
Supervisor H	A	2	1	1	0	2	100%
Supervisor I	B	3	2	0	1	3	100%
Supervisor J	D	2	1	0	0	1	50%
Supervisor K	D	2	0	2	0	2	100%

SYSTEM CORE INDICATORS

How are the ratings of 1 (completely unacceptable), 2 (substantially unacceptable), 3 (partially unacceptable), 4 (minimally acceptable), 5 (substantially acceptable) and 6 (optimal) trending within the core indicators? Below is analysis of the ratings for the core system indicators (C and F Team/Coordination, C and F Assessment, LTV, C and F Planning Process, Plan Implementation, and Tracking and Adaptation) over the last eight years. One concern reflected in the data is the increase in core indicators that rated as a two (substantially unacceptable). Last year there were no core system indicators that rated as a two. This year, there were eight core indicators that were rated as a two.

The average score of the Child and Family Team and Coordination indicator has dropped due to the increase in cases rated as a 3 (partially unacceptable) that were 4's and 5's last year.

Child and Family Team & Coordination							
Year	Cases with a rating of 1	Cases with a rating of 2	Cases with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	1	3	11	4	4	1	3.42
2003	0	1	10	9	4	0	3.67
2004	0	2	2	12	8	0	4.08
2005	0	0	6	6	10	0	4.18
2006	0	0	6	9	8	1	4.17
2007	0	0	5	13	5	1	4.08
2008	0	0	2	10	11	0	4.39
2009	0	0	8	8	6	2	4.08

The average score of the Child and Family Assessment indicator has plateaued over the last three years with about half of the cases scoring in the 4 (minimally acceptable) range.

Child and Family Assessment							
Year	Cases with a rating of 1	Cases with a rating of 2	Cases with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	0	4	9	6	5	0	3.50
2003	1	4	9	7	2	1	3.33
2004	0	2	7	10	4	1	3.79
2005	0	1	6	11	4	0	3.82
2006	0	1	10	6	6	1	3.83
2007	0	0	6	13	5	0	3.96
2008	0	0	7	12	4	0	3.87
2009	0	1	5	14	3	1	3.92

The average score of the Long-Term View indicator experienced nearly a half point drop from the two previous years. The significant decrease is a result of the decrease in cases that rated as a 5 (substantially acceptable) and the increase in cases that rated as a 2 (substantially unacceptable).

Long-Term View							
Year	Cases with a rating of 1	Cases with a rating of 2	Cases with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	3	7	7	4	0	2	2.87
2003	1	3	8	10	2	0	3.38
2004	0	5	7	6	5	1	3.58
2005	0	1	6	9	6	0	3.91
2006	0	3	8	6	7	0	3.71
2007	0	2	5	10	7	0	3.92
2008	0	0	8	9	6	0	3.91
2009	0	3	8	10	3	0	3.54

The average score of the Child and Family Planning Process indicator dropped due to the cases that had rated as a 3 (partially unacceptable) last year dropping to the 2 range (substantially unacceptable) this year.

Child and Family Planning Process							
Year	Cases with a rating of 1	Cases with a rating of 2	Cases with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	0	4	7	7	6	0	3.63
2003	0	0	7	14	3	0	3.83
2004	0	2	7	8	7	0	3.83
2005	0	0	7	6	9	0	4.09
2006	0	1	7	9	6	1	3.96
2007	0	0	4	13	7	0	4.13
2008	0	0	6	11	6	0	4.00
2009	0	2	4	11	7	0	3.96

The average score of the Plan Implementation indicator continues to trend slightly down over the past three years.

Plan Implementation							
Year	Cases with a rating of 1	Cases with a rating of 2	Case with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	0	2	5	8	6	3	4.13
2003	0	1	4	11	7	1	4.13
2004	0	2	3	9	9	1	4.17
2005	0	0	2	8	11	1	4.50
2006	1	0	1	13	8	1	4.25
2007	0	0	2	11	10	1	4.42
2008	0	0	1	13	8	1	4.39
2009	0	1	1	13	7	2	4.33

The average score of the Tracking and Adaptation indicator dropped a little as a result of seeing scores in the 3 (partially unacceptable) and 2 (substantially unacceptable) ranges which were not seen last year.

Tracking and Adaptation							
Year	Cases with a rating of 1	Cases with a rating of 2	Case with a rating of 3	Cases with a rating of 4	Cases with a rating of 5	Cases with a rating of 6	Avg Score of Core Indicator
2002	0	3	9	4	8	0	3.71
2003	0	1	8	7	7	1	3.96
2004	0	2	2	5	13	2	4.46
2005	0	0	5	5	11	1	4.36
2006	0	2	3	4	13	2	4.42
2007	0	0	5	4	14	1	4.46
2008	0	0	0	8	13	2	4.74
2009	0	1	2	9	10	2	4.42

VII. Summary and Recommendations

Summary

The Western Region had some positive outcomes in their performance on the Qualitative Case Review for 2009. On the Child and Family Status indicators, three of the indicators (Health/Physical Well-being, Emotional/Behavioral Well-being, and Caregiver Functioning) scored in the 90th percentile. Four other status indicators (Safety, Appropriateness of Placement, Learning Progress, and Satisfaction) scored in the 80th percentile. The Family Resourcefulness indicator experienced the biggest increase with a double-digit jump from last year's score of 54% to 67% this year. Of the 10 Child and Family Status indicators, three status indicators (Stability, Prospects for Permanence, and Family Resourcefulness) continue to be a challenge for the Region. Two of these indicators experienced a decrease from last year's scores with the Prospects for Permanence score of 54% being the lowest scoring status indicator. Of the total 24 cases in the review, four cases had unacceptable ratings on Safety which resulted in a score of 83% on Safety. Because Safety is considered the "trump" indicator, the Safety score directly impacted the overall Child and Family Status score. The overall Status score decreased from 87% last year to 83% for this year's review. The overall Child and Family Status rating was below the standard of 85%.

The Region sustained the Overall System Performance rating above the 85% standard with an overall System Performance rating of 88%. Of the total 24 cases reviewed, 21 cases had an acceptable rating on overall System Performance. One core system indicator (Child and Family Assessment) experienced the largest system performance increase over last year's score with a 5-point increase to 75%. The Region maintained four of the six core system indicators (Child and Family Assessment, Child and Family Planning Process, Plan Implementation, and Tracking & Adaptation) above the 70% standard. Two core System Performance indicators (Child and Family Team/Coordination and Long-Term View) were problematic for the Region this year. Child and Family Team/Coordination experienced the largest drop in score from last year with a 24-point drop to 67%. This indicator is now below the core indicator standard of 70%. Long-Term View experienced an 11-point drop to 54% which resulted in a marked decline in performance. The Region has developed an action plan to address the marked decline in the Long-Term View score. That plan is available for review on the Division's website located at http://www.hsdcs.utah.gov/court_oversight.htm.

At the beginning of this fiscal year, there was potential for the David C. lawsuit to be dismissed with prejudice by the end of December 2008. After fifteen years of oversight by the Federal Court and Court appointed monitor, Utah's child welfare system had dramatically improved, making the state a model for the nation. The Division had been able to sustain the mechanisms, systems, and resource allocation set forth in the exit agreement. By official order of the Honorable Judge Tena Campbell, the David C. V. Leavitt, et al lawsuit was dismissed with Prejudice in an order that was signed on January 5, 2009. The Western Region has been an important part of this historic advance in Child Welfare practice.

Recommendations

Child Status

The Region successfully maintained the overall Child Status score above the 85% standard from 2002 thru 2008. This year the overall Child Status score dropped below the standard to 83% due to the four cases that rated as unacceptable on the Safety indicator.

1. Careful review of the four case stories regarding the circumstances that resulted in the unacceptable ratings on Safety would be beneficial in formulating training opportunities regarding safety issues.
2. It would also be beneficial for the Region to continue to focus efforts on the Stability and Prospects for Permanence indicators. They are the two lowest scoring status indicators.

System Performance

The Region has done a great job of maintaining the overall System Performance score above the 85% standard for the last three years. The Region has successfully maintained four of the six core system indicators above the 70% standard for at least three years.

1. This is the first year since 2004 that the core system indicator of Child and Family Team/Coordination has been below standard. It is recommended that the Region continue to focus improvement efforts on elevating this core indicator above the standard line. Careful review of the eight case stories with Child and Family Team/Coordination that rated as unacceptable would be beneficial. The concerns raised by reviewers regarding the teaming could translate into training opportunities that may assist the Region in their efforts to elevate this critical core indicator above the standard.
2. For the second year in a row, the core system indicator of Long-Term View has been the most challenging indicator for the Region. The recommendation is for the Region to target efforts at elevating the Long-Term View score through the steps outlined in the corrective plan developed by the Region.

VIII. APPENDIX

I. Background Information

The Division of Child and Family Services (the Division) completed a comprehensive plan for the delivery of services to families and children in May 1999 entitled The Performance Milestone Plan (the Plan) pursuant to an order issued by United States District Court Judge Tena Campbell. On October 18, 1999 Judge Campbell issued an order directing the Division as follows:

- The Plan shall be implemented.
- The Child Welfare Policy and Practice Group (the Child Welfare Group) shall remain as monitor of the Division's implementation of the Plan.

The Plan provided for four monitoring processes. Those four processes were: a review of a sample of Division case records for compliance with case process requirements, a review of the achievement of action steps identified in the Plan, a review of outcome indicator trends and, specific to the subject of this report, a review of the quality of actual case practice. The review of case practice assesses the performance of the Division's regions in achieving practice consistent with the practice principles and practice standards expressed in the Plan, as measured by the Qualitative Case Review (QCR) process.

The Plan provided for the QCR process to be employed as one method of assessing frontline practice for purposes of demonstrating performance sufficient for exit from the David C. Settlement Agreement and court jurisdiction. Related to exit from qualitative practice provisions, the Division must have achieved the following in each Region in two consecutive reviews:

- 85% of cases attain an acceptable score on the child and family status scale.
- 85% of cases attain an acceptable score on the system performance scale, with core domains attaining at least a rating of 70%.

The Plan anticipated that reports on the Division's performance, where possible, will be issued jointly by the Child Welfare Group and the Division, consistent with the intent of the monitor and the Division to make the monitoring process organic to the agency's self-evaluation and improvement efforts.

On June 28, 2007, Judge Tena Campbell approved an agreement to terminate the David C. lawsuit and dismiss it without prejudice. This ended formal monitoring by the Court Monitor and changed the focus of qualitative case reviews. Rather than focusing on whether or not a region meets the exit criteria, the primary focus is now on whether the region is advancing or declining with a secondary focus on whether the region is above or below standard, with the 85% and 70% levels that were part of the exit criteria being the standards. Particular attention is drawn to indicators that show a "marked decline," which is a decline of 8.34 percent or more from the standards set forth in the Milestone Plan.

II. Practice Principles and Standards

In developing the Plan, the Division adopted a framework of practice, embodied in a set of practice principles and standards. The training, policies, and other system improvement strategies addressed in the Plan, the outcome indicators to be tracked, the case process tasks to be reviewed, and the practice quality elements to be evaluated through the QCR process all reflect these practice principles and standards. They are listed below:

Protection	Development	Permanency
Cultural Responsiveness	Partnerships	
Organizational Competence	Professional Competence	

In addition to these principles or values, the Division has express standards of practice that serve both as expectations and as actions to be evaluated. The following introduction and list is quoted directly from the Plan.

Though they are necessary to give appropriate direction and to instill significance in the daily tasks of child welfare staff, practice principles cannot stand alone. In addition to practice principles, the organization has to provide for discrete actions that flow from the principles. The following list of discrete actions, or practice standards, have been derived from national practice standards as compiled by the CWPPG, and have been adapted to the performance expectations that have been developed by DCFS. These practice standards must be consistently performed for DCFS to meet the objectives of its mission and to put into action the above practice principles. These standards bring real-life situations to the practice principles and will be addressed in the Practice Model development and training.

- 1. Children who are neglected or abused have immediate and thorough assessments leading to decisive, quick remedies for the immediate circumstances, followed by long-range planning for permanency and well-being.*
- 2. Children and families are actively involved in identifying their strengths and needs and in matching services to identified needs.*
- 3. Service plans and services are based on an individualized service plan using a family team (including the family, where possible and appropriate, and key support systems and providers), employing a comprehensive assessment of the child and family's needs, and attending to and utilizing the strengths of the child and his/her family strengths.*
- 4. Individualized plans include specific steps and services to reinforce identified strengths and meet the needs of the family. Plans should specify steps to be taken by each member of the team, time frames for accomplishment of goals, and concrete actions for monitoring the progress of the child and family.*

5. *Service planning and implementation are built on a comprehensive array of services designed to permit children and families to achieve the goals of safety, permanence and well-being.*
6. *Children and families receive individualized services matched to their strengths and needs and, where required, services should be created to respond to those needs.*
7. *Critical decisions about children and families, such as service plan development and modification, removal, placement and permanency are, whenever possible, to be made by a team including the child and his/her family, the family's informal helping systems, foster parents, and formal agency stakeholders.*
8. *Services provided to children and families respect their cultural, ethnic, and religious heritage.*
9. *Services are provided in the home and neighborhood-based settings that are most appropriate for the child and family's needs.*
10. *Services are provided in the least restrictive, most normalized settings appropriate for the child and family's needs.*
11. *Siblings are to be placed together. When this is not possible or appropriate, siblings should have frequent opportunities for visits.*
12. *Children are placed in close proximity to their family and have frequent opportunities for visits.*
13. *Children in placement are provided with the support needed to permit them to achieve their educational and vocational potential with the goal of becoming self-sufficient adults.*
14. *Children receive adequate, timely medical and mental health care that is responsive to their needs.*
15. *Services are provided by competent staff and providers who are adequately trained and who have workloads at a level that permit practice consistent with these principles.*

III. The Qualitative Case Review Process

Historically, most efforts at evaluating and monitoring human services such as child welfare made extensive, if not exclusive, use of methods adapted from business and finance. Virtually all of the measurements were quantitative and involved auditing processes: counting activities, checking records, and determining if deadlines were met. Historically, this was the approach during the first four years of compliance monitoring in the David C. Settlement Agreement. While the case process record review does provide meaningful information about accomplishment of tasks, it is at best incomplete in providing information that permits meaningful practice improvement.

Over the past decade there has been a significant shift away from exclusive reliance on quantitative process oriented audits and toward increasing inclusion of qualitative approaches to evaluation and monitoring. A focus on quality assurance and continuous quality improvement is now integral not only in business and in industry, but also in health care and human services.

The reason for the rapid ascent and dominance of the “quality movement” is simple: it not only can identify problems, it can help solve them. For example, a qualitative review may not only identify a deficiency in service plans, but may also point to why the deficiency exists and what can be done to improve the plans. By focusing on the critical outcomes and the essential system performance to achieve those outcomes, attention begins to shift to questions that provide richer, more useful information. This is especially helpful when developing priorities for practice improvement efforts. Some examples of the two approaches may be helpful:

AUDIT FOCUS:

“Is there a current service plan in the file?”

QUALITATIVE FOCUS:

“Is the service plan relevant to the needs and goals and coherent in the selection and assembly of strategies, supports, services, and timelines offered?”

AUDIT FOCUS:

“Were services offered to the family?”

QUALITATIVE FOCUS:

“To what degree are the implementation of services and results of the child and family service plan routinely monitored, evaluated, and modified to create a self-correcting and effective service process?”

The QCR process is based on the Service Testing™ model developed by Human Systems and Outcomes, Inc., which evolved from collaborative work with the State of Alabama, designed to monitor the R. C. Consent Decree. The Service Testing™ model has been specifically adapted for use in implementing the Plan by the Division and by the court monitor, the Child Welfare Group, based on the Child Welfare Group’s experience in supporting improvements in child welfare outcomes in 11 other states. Service Testing™ represents the current state of the art in

evaluating and monitoring human services such as child welfare. It is meant to be used in concert with other sources of information such as record reviews and interviews with staff, community stakeholders, and providers.

The Utah QCR process makes use of a case review protocol adapted for use in Utah from protocols used in 11 other states. The protocol is not a traditional measurement designed with specific psychometric properties. The QCR protocol guides a series of structured interviews with key sources such as children, parents, teachers, foster parents, Mental Health providers, caseworkers, and others to support professional appraisals in two broad domains: Child and Family Status and System Performance. The appraisal of the professional reviewer examining each case is translated to a judgment of acceptability for each category of functioning and system performance reviewed using a six-point scale ranging from “Completely Unacceptable” to “Optimally Acceptable.” The judgment is quantified and combined with all other case scores to produce overall system scores.

The Utah QCR instrument assesses child and family status issues and system performance in the following discrete categories. Because some of these categories reflect the most important outcomes (Child and Family Status) and areas of system functioning (System Performance) that are most closely linked to critical outcomes, the scoring of the review involves differential weighting of categories. For example, the weight given permanence is higher than for satisfaction. Likewise, the weight given Child and Family Assessment is higher than the weight for successful transitions. These weights, applied when cases are scored, affect the overall score of each case. The weight for each category is reflected parenthetically next to each item. The weights were chosen by Utah based upon their priorities at the time the protocol was developed.

<u>Child and Family Status</u>	<u>System Performance</u>
Child Safety (x3)	Child/Family Participation (x2)
Stability (x2)	Team/Coordination (x2)
Appropriateness of Placement (x2)	Child and Family Assessment (x3)
Prospects for Permanence (x3)	Long-Term View (x2)
Health/Physical Well-Being (x3)	Child and Family Planning (x3)
Emotional/Behavioral Well-Being (x3)	Plan Implementation (x2)
Learning Progress (x2) OR,	Supports/Services (x2)
Learning/Developmental Progress (x2)	Successful Transitions (x1)
Caregiver Functioning (x2)	Effective Results (x2)
Family Functioning/Resourcefulness (x1)	Tracking Adaptation (x3)
Satisfaction (x1)	Caregiver Support (x1)
Overall Status	Overall System Performance

The fundamental assumption of the Service Testing™ model is that each case is a unique and valid test of the system. This is true in the same sense that each person who needs medical attention is a unique and valid test of the health care system. It does not assume that each person needs the same medical care, or that the health care system will be equally successful with every patient. It simply means that every patient is important and that what happens to that individual patient matters. It is little consolation to that individual that the type of care they receive is *usually* successful. This point becomes most critical in child welfare when children are

currently, or have recently been, at risk of serious harm. Nowhere in the child welfare system is the unique validity of individual cases clearer than the matter of child safety.

Service Testing™, by aggregating the systematically collected information on individual cases, provides both quantitative and qualitative results that reveal in rich detail what it is like to be a consumer of services and how the system is performing for children and families. The findings of the QCR will be presented in the form of aggregated information. There are also case stories written at the conclusion of the set of interviews done for each case. They are provided to clarify the reasons for scores assigned, to offer steps to overcome obstacles or maintain progress, and as illustrations to put a “human face” on issues of concern.

Methodology

Cases reviewed were randomly selected from the universe of the case categories of out-of-home (SCF), Protective Family Preservation (PFP) services, Protective Services Supervision (PSS), and Protective Service Counseling (PSC) in the Region. These randomly selected cases were then inserted into a simple matrix designed to ensure that critical facets of the Division population are represented with reasonable accuracy. These variables stratified the sample to ensure that there was a representative mix of cases of children in out-of-home care and in their own homes. Cases were also distributed to permit each office in the Region to be reviewed and to assure that no worker had more than one of his/her cases reviewed. Additional cases were selected to serve as replacement cases, a pool of cases used to substitute for cases that could not be reviewed because of special circumstances (AWOL child, lack of family consent, etc).

The sample thus assured that:

- Males and females were represented.
- Younger and older children were represented.
- Newer and older cases were represented.
- Larger and smaller offices were represented.
- Each permanency goal is represented.

A total of 24 cases were selected for the review, and 23 cases were reviewed. There was one case that was pulled for review, and just before the review was to take place, the parent withdrew his consent to have the child interviewed. Since the child could not be interviewed, this case was not reviewed.

Reviewers

Due to the recent approval of the agreement between the parties to the David C. Lawsuit and the cessation of formal monitoring, no reviewers from the Child Welfare Group participated on this review. Reviewers were all from Utah and were drawn from the Office of Services Review, DCFS, and community partners.

Stakeholder Interviews

As a compliment to the individual case reviews, the Office of Service Review staff interview key local system leaders from other child and family serving agencies and organizations in the Region about system issues, performance, assets, and barriers. These external perspectives provide a valuable source of perspective, insight, and feedback about the performance of Utah's child welfare system. In some years, focus groups with DCFS staff, consumer families, youth, foster parents, or other stakeholders are a part of this aspect of the review process. Their observations were briefly described in a separate section.